

OFFICE – PROFESSIONAL – MANAGEMENT
APPLICATION FOR EMPLOYMENT
City of Chippewa Falls, Wisconsin
30 W. Central Street
Chippewa Falls, WI 54729

The City of Chippewa Falls, Wisconsin is an equal employment opportunity and affirmative action employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, gender, national origin, ancestry, veteran status, marital status, sexual orientation or the presence of any non-job-related medical condition or disability, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Please contact ___ Human Resources ___ at (715) _726-2765 ___ if you need an accommodation to participate in the application process.

PLEASE PRINT!

POSITION APPLIED FOR: _____

Date Available to Start Work: _____

PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____ E-mail: _____
() () ()

GENERAL INFORMATION

1. Have you ever applied for a job with The City of Chippewa Falls in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name. ___ Yes ___ No
2. Have you ever been employed by The City of Chippewa Falls in the past? If yes, please give dates of employment, position held, and state your name while employed if different from present name. ___ Yes ___ No
3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? (See attached job description) If no, please explain: ___ Yes ___ No
4. Do you have any commitments to another employer that might affect your availability for employment with our company? (i.e. on layoff) If yes, please explain: ___ Yes ___ No
5. If hired, can you furnish proof that you are at least 18 years of age and that you are eligible to work in the United States? If no, please explain: ___ Yes ___ No
6. Do you now, or will you in the future, require The City of Chippewa Falls to sponsor an employment visa for your continued employment? ___ Yes ___ No

7. Have you been convicted of a felony or misdemeanor, or released from prison in the past 10 years? **Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.** If yes, please explain: __Yes __No
8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? **Note: A yes answer will not automatically disqualify you from employment.** If yes, please explain: __Yes __No
9. Are you able to perform the tasks listed on the enclosed/attached job description with or without an accommodation? __Yes __No
10. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job? __Yes __No
11. Do you have a relative currently employed by the City of Chippewa Falls? (Relative means spouse, son, daughter, stepchild, father, mother, stepparent, brother, sister, grandparent, father-in-law, mother-in-law, brother-in-law, or sister-in-law) __Yes __No
If yes, please identify: _____

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	ENTER HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS/TRAINING				

Please provide below any additional information you believe would be of value in considering you for employment. Include and JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended:

EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS
ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RESUME IS INCLUDED

Present or Last Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	May We Contact? ___ Yes ___ No <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Please account for any time you were not employed after leaving school in the past ten years (You need not list any unemployment periods of one month or less).

Time Period(s) Reason(s) _____ for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet.

REFERENCES - LIST THREE WORK-RELATED INDIVIDUALS THAT ARE NOT FORMER EMPLOYERS

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>PHONE NUMBER</u>	<u>OCCUPATION</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OTHER JOB-RELATED EXPERIENCE: Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, or in school organizations, or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously in this application. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)

**IMPORTANT
PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

Initials

_____ I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by The City of Chippewa Falls if discovered at a later date. I agree to immediately notify The City of Chippewa Falls if I should be convicted of a felony, or be charged with any crime while my job application is pending, or during my period of employment, if hired.

_____ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other organizations that may be named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to The City of Chippewa Falls in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____ If offered a job that requires it, I give permission for a drug test and a job-related complete physical examination, and I consent to the release to The City of Chippewa Falls of any medical information they deem necessary in assessing my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that, if hired, I may not hold other employment, nor engage in consulting, sales, investments or other activities that may create a conflict of interest with The City of Chippewa Falls.

_____ I understand that if employed and my employment is terminated by The City of Chippewa Falls for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

_____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that only The City of Chippewa Falls is authorized to change any of the terms of employment and that any changes must be specific and in writing.

N/A As a condition of employment with the City of Chippewa Falls, I understand I must be or become a resident within the boundaries set by the City of Chippewa Falls. Any person not living within the boundaries shall have 6 months from the completion of his or her probationary period but no longer than 18 months from commencement of employment or appointment to establish residence within these boundaries, or such employment or appointment shall terminate.

Signed: _____ Date _____

RESIDENCE HISTORY - PRESENT & FORMER RESIDENCES
ATTACH ADDITIONAL SHEET IF NECESSARY

Present or Last Address:	City, State, Zip:
Dates of Residence From: To:	Landlord or neighbor: Name, Address and telephone number
Next Previous Address:	City, State, Zip:
Dates of Residence From: To:	Landlord or neighbor: Name, Address and telephone number
Next Previous Address:	City, State, Zip:
Dates of Residence From: To:	Landlord or neighbor: Name, Address and telephone number

Next Previous Address:	City, State, Zip:
Dates of Residence From: To:	Landlord or neighbor: Name, Address and telephone number
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