

GENERAL EMPLOYMENT APPLICATION

City of Portage
 115 W Pleasant St., Portage, WI 53901
 608-742-2176

CITY OF PORTAGE IS AN EQUAL OPPORTUNITY EMPLOYER, IT IS OUR POLICY TO ABIDE BY ALL FEDERAL AND STATE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION SOLELY ON THE BASIS OF A PERSON'S RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, AGE (OVER 40), SEX, MARITAL STATUS, OR PHYSICAL HANDICAP, EXCEPT WHERE A REASONABLE, BONA-FIDE OCCUPATIONAL QUALIFICATION EXISTS.

DATE OF APPLICATION _____

PLEASE TYPE OR PRINT LEGIBLY IN INK – IF MORE SPACE IS NEEDED ATTACH ADDITIONAL PAPER

PERSONAL DATA				
NAME: (LAST)	(FIRST)	(MIDDLE)	TELEPHONE ()	EMAIL
ADDRESS: (STREET)		(CITY)	(STATE)	(ZIP CODE)
EMPLOYMENT DESIRED				
POSITION		DATE YOU CAN START		SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No			REFERRED BY:	
OTHER EMPLOYMENT – RELATED INFORMATION				
CHECK THE FOLLOWING OPTIONS WHICH YOU WOULD CONSIDER <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		LIST ANY RELATIVES WORKING FOR CITY OF PORTAGE? NAME: _____ DEPARTMENT: _____		
CAN YOU VERIFY THAT YOU ARE AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU WERE YOU PREVIOUSLY EMPLOYED, BY THE CITY OF PORTAGE, LIST DATES AND JOB TITLES: DATE: _____ JOB TITLE: _____ DATE: _____ JOB TITLE: _____		
ARE YOU A UNITED STATES CITIZEN OR A PERMANENT RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OF \$500 OR MORE? (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT) <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF NOT A U.S. CITIZEN, CAN YOU AFTER EMPLOYMENT OFFER IS EXTENDED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU SUBJECT TO ANY PENDING CRIMINAL CHARGES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO EITHER, EXPLAIN:		
UPON REVIEWING THE JOB REQUIREMENTS, ARE THERE ANY PHYSICAL LIMITATIONS YOU HAVE THAT MIGHT CAUSE DIFFICULTY IN YOUR ABILITY TO PERFORM THE JOB BEING APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND TELEPHONE NUMBER (WITH AREA CODE) OF THE PERSON TO CONTACT IN CASE OF AN EMERGENCY: NAME: _____ ADDRESS: _____ PHONE: ()		
IF YES, PLEASE EXPLAIN THE TYPE OF ACCOMMODATION REQUIRED:				

EXPERIENCE

IF AVAILABLE – PLEASE ATTACH YOUR RESUME TO THIS APPLICATION

LIST THE LAST TEN (10) YEARS WORK EXPERIENCE BEGINNING WITH THE MOST RECENT – BE SURE TO EXPLAIN GAPS IN EMPLOYMENT
NAME OF EMPLOYER: _____ TYPE OF BUSINESS: _____

ADDRESS: (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____ PHONE NUMBER _____

PERIOD OF EMPLOYMENT: _____ STARTING JOB TITLE: _____
FROM _____ TO _____ ENDING JOB TITLE: _____

EMPLOYMENT STATUS: _____ NAME AND TITLE OF SUPERVISOR: _____
 FULL-TIME PART-TIME TEMPORARY

BRIEF DESCRIPTION OF DUTIES: _____ MAY WE CONTACT? YES NO

REASON FOR LEAVING: _____ PRESENT SALARY: _____

NAME OF EMPLOYER: _____ TYPE OF BUSINESS: _____

ADDRESS: (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____ PHONE NUMBER _____

PERIOD OF EMPLOYMENT: _____ STARTING JOB TITLE: _____
FROM _____ TO _____ ENDING JOB TITLE: _____

EMPLOYMENT STATUS: _____ NAME AND TITLE OF SUPERVISOR: _____
 FULL-TIME PART-TIME TEMPORARY

BRIEF DESCRIPTION OF DUTIES: _____ MAY WE CONTACT? YES NO

REASON FOR LEAVING: _____ LAST SALARY: _____

NAME OF EMPLOYER: _____ TYPE OF BUSINESS: _____

ADDRESS: (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____ PHONE NUMBER _____

PERIOD OF EMPLOYMENT: _____ STARTING JOB TITLE: _____
FROM _____ TO _____ ENDING JOB TITLE: _____

EMPLOYMENT STATUS: _____ NAME AND TITLE OF SUPERVISOR: _____
 FULL-TIME PART-TIME TEMPORARY

BRIEF DESCRIPTION OF DUTIES: _____ MAY WE CONTACT? YES NO

REASON FOR LEAVING: _____ LAST SALARY: _____

COMMENTS

LIST ANY COMMENTS, SPECIAL SKILLS, OR QUALIFYING STATEMENTS YOU CARE TO MAKE:

DRIVERS LICENSE

DO YOU HAVE A VALID WISCONSIN DRIVERS LICENSE?

YES NO

DO YOU HAVE A VALID CDL? YES NO

IF YES, WHAT ENDORSEMENTS?

EDUCATION AND TRAINING

HIGH SCHOOL	COMPLETE ADDRESS	GRADUATED/GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY	COMPLETE ADDRESS	MAJOR/DEGREE
GRADUATE SCHOOL	COMPLETE ADDRESS	MAJOR/DEGREE
TRADE/TECH SCHOOL	COMPLETE ADDRESS	MAJOR/DEGREE
U.S. MILITARY SERVICE	RANK	PRESENT MEMBER OF NAT'L GUARD OR RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE LIST: ANY OTHER CERTIFICATIONS OR LICENSES, YOU HOLD; ANY MACHINES OR EQUIPMENT YOU ARE QUALIFIED TO OPERATE; AND ANY LANGUAGES YOU SPEAK FLUENTLY (INCLUDING SIGN LANGUAGE)		

REFERENCES

LIST ANY BUSINESS PERSONS KNOWN TO YOU FOR AT LEAST THREE (3) YEARS – NOT RELATED

NAME/TITLE	BUSINESS NAME AND ADDRESS	YEARS KNOWN	PHONE NUMBER
1.			
2.			
3.			

APPLICANT'S CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK.

- I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME IN THE FORGOING QUESTIONS AND THE STATEMENTS ARE CORRECT AND COMPLETE. I UNDERSTAND THAT ANY OMISSIONS, MISLEADING OR FALSE INFORMATION CONTAINED IN THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISCHARGE. I AGREE THAT THE CITY OF PORTAGE SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSE STATEMENT, ANSWERS OR OMISSIONS MADE BY ME IN THIS APPLICATION.
- I ALSO AUTHORIZE PERTINENT COMPANIES, SCHOOLS, AGENCIES, POLICE DEPARTMENTS OR PERSONS TO GIVE ANY INFORMATION REQUESTED REGARDING MY EMPLOYMENT, CHARACTER, EXPERIENCE, QUALIFICATIONS AND/OR SUITABILITY FOR EMPLOYMENT. I HEREBY FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE ANY PERSON OR ORGANIZATION FOR ANY RESULT OF PROVIDING, OBTAINING OR ACTING UPON SUCH INFORMATION. I UNDERSTAND THAT SUCH INFORMATION IS SOUGHT WITH CONFIDENTIALITY AND I WILL NOT REQUEST COPIES OF SUCH INFORMATION. IN ADDITION, A COPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL AND SHOULD BE RECOGNIZED AS SUCH.
- I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT OR CONTINUED EMPLOYMENT, IF HIRED, MAY BE CONDITIONED UPON PASSING A PHYSICAL EXAMINATION, INCLUDING SUBSTANCE ABUSE SCREENING. REFUSAL TO PARTICIPATE WILL RESULT IN TERMINATION OR DENIAL OF EMPLOYMENT.
- I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE: _____

SIGNATURE: _____

THIS APPLICATION IS CURRENT FOR 6 MONTHS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.