

# CITY OF OCONTO FALLS

PO BOX 70 500 NORTH CHESTNUT

OCONTO FALLS, WI 54154-0070

PHONE: 920-846-4505

FAX: 920-846-4516



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for the City? YES  NO  If so, when? \_\_\_\_\_

Have you ever been convicted of a crime or pleaded no contest for any violation other than minor traffic violations? YES  NO  If yes, explain nature of crime, date of conviction, state in which convicted (convictions are not an automatic bar to employment): \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_



**Employment Application**

**Previous Employment**

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Personal References**

Name and Occupation	Address	Telephone



**Employment Application**

**NOTICE AND AGREEMENT**

The City of Oconto Falls does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or any other characteristic prohibited by law, in employment or the provision of services.

Typically, applicant interviews are part of the pre-employment process. If you require a reasonable accommodation in order to participate in an interview, you must notify the employer five (5) working days prior to the appointed interview schedule.

Testing including, but not limited to: aptitude, knowledge and skill, intelligence, and agility tests as well as job demonstrations may be included in the pre-employment process for specific positions. If you have reason to believe a reasonable accommodation may or necessary to complete required testing you must notify the employer at the time the test is scheduled.

I understand that if offered a position with the City of Oconto Falls, I may be required to submit to a pre-employment medical examination, drug screening and/or background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

All information contained in this application and any accompanying documents are true and complete to the best of my knowledge and belief. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

By signing this application, I hereby authorize the City of Oconto Falls to make any investigation of all responses on this application and to contact any former employers or individuals familiar with me or my employment background for to verify such information and for the purpose of obtaining any information, favorable or unfavorable concerning me or my employment.

I authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to the City of Oconto Falls and/or its representatives. I understand that the information may include but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I also authorize the City of Oconto Falls to investigate my personal history and financial and credit record through any investigative or credit agencies or bureaus of their choice.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character and general reputation. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I fully release and discharge, absolve, indemnify and hold harmless all parties involved from any and all claims, liability, demands, causes of action, damages or costs including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the party disclosing such facts knows are untrue.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this application and any other accompanying or required documents.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# Employment Application

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### AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the City of Oconto Falls, or other authorized representative bearing this release to, within one **year** of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal Law enforcement agencies
2. Selective Service System;
3. Any place of business (For purpose of obtaining credit or employment data);
4. Present employer;
5. Any school college, university or other educational institution; and,

I hereby release any Municipal, State or Federal Law Enforcement agency, individual or institutional, including its' officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (First, Middle, Last)

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Current Address (Street and Number)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Witness