



CITY OF PESHTIGO

Application for Employment

We consider applicants for all positions without regard to the race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

{PLEASE PRINT or TYPE}

Position(s) Applied For:

Date of Application:

How did you learn about us?

☐ Advertisement

☐ Friend

☐ Walk-in

☐ Employment Agency

☐ Relative

☐ Other _____

Last Name

First Name

Middle Name

Address Number

Street

City

State

Zip Code

Telephone Number(s)

Fax

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ YES

☐ NO

If yes, give date _____

Have you ever filed an application with us before?

☐ YES

☐ NO

If yes, give date _____

Are you currently employed?

☐ YES

☐ NO

May we contact your present employer?

☐ YES

☐ NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

		High School	Undergraduate College/ University	Graduate/ Professional
School and Location				
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeships, skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	WELL	FAIR
SPEAK			
READ			
WRITE			

<p>List professional, trade, business or civic activities and offices held.</p> <p><i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>

References

<p>Give name, address, and telephone number of 3 references who are not related to you and are not previous employers</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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Employment Experience (You must Complete this section. Resume attachments alone will not be accepted.)

Start with your present or last job. Include any jobrelated millitary service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates of Employment	Work Performed
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final	May we contact your employer or supervisor? Yes No
Job Title	Supervisor	Reason for Leaving

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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Sumarize special job-related skills and qualifications acquired form employment or other experience.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that a failure to completely fill out the application or follow its instructions may result in disqualification from possible employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

NOTICE TO ALL APPLICANTS

Wisconsin State Statutes, Section 19.36(7), 64.11(7) require public employees to treat the following items as a public record: Each applicant's:

Application
Records

Recommendations
Qualifications

Except as provided in Section 19.36(7), Wisconsin State Statutes, which allows the identity of an applicant to remain confidential if the applicant requests in writing that the City not provide access to this information.

If you choose not to have this information become a public record, you must make such a request in writing to the City of Peshtigo. If you become a finalist for a City position, your identity may be disclosed as required by law.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

___ YES

___ NO

Remarks _____

Interviewer _____ Date _____

Employed ___ YES ___ NO

Department _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

By _____ Date _____

Name and Title _____ Date _____