TOWN OF RIVER FALLS
PIERCE COUNTY, WISCONSIN
Application for Employment
(Pre-employment Questionnaire)

Town of River Falls provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.

PERSONAL INFORMATION

Name_____
Last First Middle

Address_____
Street City State Zip

Phone Number_____ Email Address _____

In case of emergency
notify_____
Name Address Phone Number

Are you 18 years or older? Yes ☐ No ☐

Do you have a valid driver's license? Yes ☐ No ☐ State of Issue Number

Are you a current member of the military or veteran of the United States? Yes ☐ No ☐

Rank Obligation End Date/ Discharge Date Type of Discharge

Have you been convicted of a felony or misdemeanor within the last 5 years? * Yes ☐ No ☐

Date of Offense Place
Explain:

*A criminal record will not necessarily exclude you from employment. The relationship between the offense and the job will also be weighed.

EMPLOYMENT DESIRED

Position Applied for_____ Date You Can Start _____

Are you employed now? Yes ☐ No ☐ If so, may we contact your present employer? _____

Have you ever applied to or worked for the Town before? _____

What position? _____When? _____

EDUCATION

Do you have a high school diploma or GED? Yes ☐ No ☐

Name of School and Mailing Address _____

Education and/or Training Beyond High School

Name of School and Mailing Address _____

Dates attended _____ Major Field of Study _____

Degree Conferred Yes ☐ No ☐ Date

Name of School and Mailing Address _____

Dates attended _____ Major Field of Study

Degree Conferred Yes ☐ No ☐ Date

Name of School and Mailing Address _____

Dates attended _____ Major Field of Study _____

Degree Conferred Yes ☐ No ☐ Date

Describe any specialized training, apprenticeship, job-related skills, and extra-curricular activities (office equipment operated, software programs, foreign languages, professional licenses and/or certifications etc.).

_____

_____

_____

_____

FORMER EMPLOYERS: (List below last three employers, starting with last one)
Name and Address of Present or Last Employer ____

Starting Date _____________________________ Leaving Date ____

Job Title ________________________________ May we contact your supervisor? Yes ☐ No ☐

Name and Title of Supervisor ____ Phone No. __________________

List the Jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company
____
____
Reason for Leaving ____

Name and Address of Present or Last Employer ____

Starting Date _____________________________ Leaving Date ____

Job Title ________________________________ May we contact your supervisor? Yes ☐ No ☐

Name and Title of Supervisor ____ Phone No. __________________

List the Jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company
____
____
Reason for Leaving ____

Name and Address of Present or Last Employer ____

Starting Date _____________________________ Leaving Date ____

Job Title ________________________________ May we contact your supervisor? Yes ☐ No ☐

Name and Title of Supervisor ____ Phone No. __________________

List the Jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company
____
____
Reason for Leaving ____

REFERENCES: Give below the names of three people not related to you whom you have known for at least one year that we may contact for job related references.

Name _____ Business Name and Title _____

Relationship _____ Telephone _____

Name _____ Business Name and Title _____

Relationship _____ Telephone _____

Name _____ Business Name and Title _____

Relationship _____ Telephone _____

AGREEMENTS AND AUTHORIZATION

I understand and agree that I may be required to take a physical and/or psychological examination as a condition of hiring or continued employment. I specifically authorize, as part of the physical examination, a test for drugs and alcohol. I agree to consent to take such test(s) at such time as designated by the Town and to release the Town, its officers, agents, or employees from any claim arising in connection with the use of such test(s). Yes ☐ No ☐

I have read the Town of River Falls Employee Job Requirements. Yes ☐ No ☐

In considering my application for employment, the Town may verify the information on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information necessary concerning my background. I understand that any misrepresentation of fact on this application subjects me to qualification for, or if hired, dismissal, no matter how long after employment the misrepresentation is discovered. Yes ☐ No ☐

I understand that any offer of employment may be contingent upon satisfactory completion of an alcohol and/or drug screening, background check (including criminal), and a physical examination at the Town's expense if required. Yes ☐ No ☐

I hereby affirm that the foregoing is true, complete, and correct to the best of my knowledge and belief without omissions of any kind. Yes ☐ No ☐

I release and hold harmless Town of River Falls, its officers, agents, and employees, and the persons providing supplemental information, from any liability to the information supplied or obtained during the recruitment and selection process of this application. Yes ☐ No ☐

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of River Falls is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Town of River Falls. Yes ☐ No ☐

I hereby understand that I am required to abide by all rules and regulations of the employer.

Signature Date