

CITY OF HILLSBORO
APPLICATION OF EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or Veteran status, non-job medical condition or handicap, ancestry, arrest record or conviction, or any other legally protected status.

(Please Type or Print)

Position Applied For _____ Date of Application _____

Name _____
Last First Middle

Address _____
Number Street Apt or Box City State Zip

Home Phone No. _____

Cell Phone No. _____

Work No. _____

Are you available to work: Full-time _____ Part-time _____ Shift _____ On-call _____

For work permit consideration, are you under the age of 18? Yes _____ No _____

Have you been employed by the City of Hillsboro before? Yes _____ No _____

Are you prevented from Lawfully becoming employed in the country (Visa or immigration status?)
Yes _____ No _____

Are you on lay-off and subject to recall? Yes _____ No _____

Can you travel if a position requires it? Yes _____ No _____

Do you have a valid drivers license? Yes _____ No _____

If applicable, list CDL Classes and Endorsements: _____

City of Hillsboro does not allow family members to be supervised by family members. Do any of your relatives work for the City of Hillsboro? Yes _____ No _____

If yes,
List Name _____ Department _____

Relationship _____

Have you been convicted of a felony within the last 7 years? Yes _____ No _____
(Conviction will not necessarily disqualify an applicant from employment. It will be considered only as it may relate to the position you are seeking.) If yes, please explain: _____

Do you have any criminal charges pending? Yes _____ No _____
(Pending criminal charges are not an automatic bar to employment. Each case is considered as it applies to position requirements.)

If yes, please explain: _____

How did you learn about this vacancy?

Advertisement _____ Employee _____ Walk-in _____ Employment Agency _____

Internet _____ Other _____

EDUCATION

Do you have a diploma from an accredited high school or a GED? Yes _____ No _____

School	Name & Address of School	Course of Study (required)	Years Completed (required)	Diploma/Degree (required)
Undergraduate College				
University/ Professional				
Technical College				
Other (Specify)				

List Licenses or Certificates obtained: _____

Describe any specialized training, apprenticeship, and skills. _____

Other qualifications: (Summarize special job-related skills and qualifications acquired from employment or other experience.) _____

State any additional information not listed in Employment Experience (see following page) or above that you feel may be helpful to us in considering your application.

PERSONAL/PROFESSIONAL REFERENCES

Give name, address, & phone number of three people who are familiar with your qualifications and background who are not related to you or listed on the next page:

Name	Address	Phone	Occupation/Work Relation

EMPLOYMENT EXPERIENCE (Resumes may not take the place of a FULLY Completed Form)

List each job held. Start with Present or Last Job. Use additional sheet if needed.

Employer _____ **WORK PERFORMED** include items on resume
Address _____
City/State _____
Job Title _____
Reason for Leaving _____
Dates-Mo/Yr From _____ To _____
Hourly Rate _____
FT/PT Position _____ Hrs/Wk _____
Last Name Used _____
Contact Person _____
Phone _____
May we contact for reference? Yes _____ No _____ Later _____

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City/State _____
Job Title _____
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Dates-Mo/Yr From _____ To _____
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Phone _____
May we contact for reference? Yes _____ No _____ Later _____

WORK PERFORMED include items on resume

After reviewing the job description, are you able to perform all the functions/duties of the job you are applying for? Yes _____ No _____ If no, please identify which essential functions you are unable to perform.

Regular attendance is a requirement of this position. Is there anything that would interfere with regular attendance at work? Yes _____ No _____ If yes, please explain. (Ex. I am a full-time student.)

NOTICE TO APPLICANTS: The authorization below may be photocopied and sent to previous employers for the purpose of obtaining information regarding previous employment.

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH THE CITY OF HILLSBORO

I certify that answers herein are true and complete; furthermore, I understand that misrepresentation or omission of facts in this application or during an interview(s) will be cause for cancellation of consideration for employment or dismissal if employed.

I authorize an inquiry to be made on the information contained in this application, and I understand for some positions this may include a thorough background investigation. Upon written request, the nature and scope of this inquiry will be made available to me. Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for furnishing such information to the City of Hillsboro.

I understand that employment is contingent upon a favorable evaluation and/or results of any pre-employment requirements necessary to perform the position applied for. This may include a health evaluation form, medical examination, skills testing, aptitude testing, verification of employment or other assessment determined necessary.

This application for employment shall be considered active for the period of time the position applied for is vacant. Any applicant wishing to be considered for employment beyond this time period should reapply.

In addition a copy of the authorization is as valid as the original and should be recognized as such.

Notice to Applicants

Wisconsin Statutes, Sections 19.36 (7), 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 chose not to have this information become a public record, you must make such a request in writing to the City Administrator.

**IF YOU BECOME A FINALIST FOR THE POSITION, YOUR IDENTITY
MAY BE DISCLOSED AS REQUIRED BY LAW.**

APPLICANT'S SIGNATURE _____

DATE _____

THE CITY OF HILLSBORO IS AN EQUAL OPPORTUNITY EMPLOYER

CITY OF HILLSBORO

BACKGROUND INFORMATION DISCLOSURE

Applicant's Name: _____
(Last) (First) (Middle)

List any former names: _____

Date of Birth: _____ Sex: Male _____ Female _____ Race _____
(mm/dd/yyyy)

Social Security No. (optional): _____

Although providing your Social Security Number is optional, please be aware that this number is one of the unique identifiers used to prevent incorrect matches.

I hereby confirm the accuracy of the information provided above.

Signature

Date

**CITY OF HILLSBORO
BACKGROUND REFERENCE CHECK
AUTHORIZATION AND WAIVER**

I authorize any person contacted to provide the City of Hillsboro any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not limited to, application of employment, performance evaluations, work records, excluding workers compensation, if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of Hillsboro to request employment records from my present and/or former employer(s). I release and hold harmless the City of Hillsboro, their officers, agents, and employees, and the person(s) providing the information from any liability related to the providing of this information.

I authorize the City of Hillsboro, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Hillsboro, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or results of this check. I recognize that this information will be considered by the City of Hillsboro only if it substantially relates to the position applied for.

By signing your name and dating this authorization, you are granting the City of Hillsboro permission to do the above background checks and releasing the City of Hillsboro from any liability related to these background checks.

Signature

Date