

**APPLICATION FOR EMPLOYMENT**

**City of Spooner, Wisconsin**

**515 North Summit Street**

**Spooner, WI 54801**

The City of Spooner, Wisconsin is an equal employment opportunity and affirmative action employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, gender, national origin, ancestry, veteran status, marital status, sexual orientation or the presence of any non-job-related medical condition or disability, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Please contact Krista Lyons-Hartwig at (715) 635-8769 if you need an accommodation to participate in the application process.

**PLEASE PRINT**

POSITION APPLIED FOR: \_\_\_\_\_

Date Available to Start Work: \_\_\_\_\_

**PERSONAL DATA**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_

**GENERAL INFORMATION**

1. Have you ever applied for a job with The City of Spooner in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name. \_\_\_ Yes \_\_\_ No
  
2. Have you ever been employed by The City of Spooner in the past? If yes, please give dates of employment, position held, and state your name while employed if different from present name. \_\_\_ Yes \_\_\_ No
  
3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? (See attached job description) If no, please explain: \_\_\_ Yes \_\_\_ No
  
4. Do you have any commitments to another employer that might affect your availability for employment with the City of Spooner? (i.e. on layoff) If yes, please explain: \_\_\_ Yes \_\_\_ No
  
5. If hired, can you furnish proof that you are at least 18 years of age and that you are eligible to work in the United States? If no, please explain: \_\_\_ Yes \_\_\_ No
  
6. Do you now, or will you in the future, require The City of Spooner to sponsor an employment visa for your continued employment? \_\_\_ Yes \_\_\_ No

7. Have you been convicted of a felony or misdemeanor, or released from prison in the past 10 years? **Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.** If yes, please explain: \_\_Yes \_\_No
8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? **Note: A yes answer will not automatically disqualify you from employment.** If yes, please explain: \_\_Yes \_\_No
9. Are you able to perform the tasks listed on the enclosed/attached job description with or without an accommodation? \_\_Yes \_\_No
10. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job?

### EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS				

Please provide below any additional information you believe would be of value in considering you for employment. Include any JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended:

**EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS**  
**ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RESUME IS INCLUDED**

Present or Last Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:  May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:  May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:  May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:  May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Please account for any time you were not employed after leaving school in the past ten years (You need not list any unemployment periods of one month or less).

Time Period(s)

Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet.

**REFERENCES - LIST THREE WORK-RELATED INDIVIDUALS THAT ARE NOT FORMER EMPLOYERS**

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>PHONE NUMBER</u>	<u>OCCUPATION</u>
1.				
2.				
3.				

**OTHER JOB-RELATED EXPERIENCE:** Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, or in school organizations, or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously in this application. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)

**IMPORTANT  
PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

Initials

\_\_\_\_\_ I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by The City of Spooner if discovered at a later date. I agree to immediately notify The City of Spooner if I should be convicted of a felony, or be charged with any crime while my job application is pending, or during my period of employment, if hired.

\_\_\_\_\_ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other organizations that may be named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to The City of Spooner in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ If offered a job that requires it, I give permission for a drug test and a job-related complete physical examination, and I consent to the release to The City of Spooner of any medical information they deem necessary in assessing my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

\_\_\_\_\_ I understand that, if hired, I may not hold other employment, nor engage in consulting, sales, investments or other activities that may create a conflict of interest with The City of Spooner.

\_\_\_\_\_ I understand that if employed and my employment is terminated by The City of Spooner for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

\_\_\_\_\_ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that only The City of Spooner is authorized to change any of the terms of employment and that any changes must be specific and in writing.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENCE HISTORY - PRESENT & FORMER RESIDENCES**  
**ATTACH ADDITIONAL SHEET IF NECESSARY**

<b>Present or Last Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>

<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>

<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>

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# CITY OF SPOONER APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during their employment without regard to their race, color, creed, religion, gender, national origin, age, marital status, sexual orientation, military status, any non-job-related disability or medical condition, or any other legally protected status.

As an employer taking affirmative action to ensure the removal of any possible past discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing this form. However, **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY**. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file **SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT**.

NAME: \_\_\_\_\_

Date: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

How Were You Referred to the City of Spooner?

- Job Service
- Newspaper Advertisement
- Private Employment Agency
- A Relative or Friend Employed by the City of Spooner
- Other: Explain: \_\_\_\_\_

Personal Traits:      Check One:       Male       Female

Check One:       White  
 Black  
 Hispanic  
 Asian/Pacific Islander  
 American Indian/Alaskan Native

Check Any That Apply:       Veteran  
 Disabled Veteran  
 Disabled Person