



800 Borner St. Prescott, WI 54021 Phone 715-262-5544

{FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA}

APPLICATION FOR EMPLOYMENT
 EQUAL OPPORTUNITY EMPLOYER
 DATE RECEIVED:
 APPLICATION NO.

We welcome you as an applicant for employment. Your application will be considered for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, religion, national origin, affectional or sexual orientation, marital or veteran status, disability, political affiliations, gender, age, or status with regard to public assistance.

PLEASE TYPE OR PRINT USING INK

| | | | | | |
|-------------------------------------|------------------------------------|------------------------------------|---|-------------------------------------|---------------------------------|
| Title/Kind of work applied for: | | | Date Available: | | |
| Available to work: | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Seasonal/Temporary | <input type="checkbox"/> Shift Work | <input type="checkbox"/> Casual |
| PERSONAL INFORMATION | | | | | |
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| PRESENT ADDRESS | | CITY | | STATE | ZIP CODE |
| CELLULAR OR MOBILE PHONE NUMBER () | | | | | |
| HOME TELEPHONE NUMBER () | | WORK TELEPHONE NUMBER () | | BEST TIME TO CALL | |
| EMAIL ADDRESS: | | | | | |

Data Practices Advisory

As an applicant for employment with the City of Prescott, I have voluntarily supplied true and complete data about myself which may be public and/or private in nature. I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I further understand that this information will be used by the City of Prescott to aid in the determination of my suitability for employment.

I, therefore, waive my right to claim and hereby agree to hold harmless the City of Prescott and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

It is understood and acknowledged that, unless otherwise defined by applicable law, labor union contract or other written agreement, any employment relationship with this organization 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.

I authorize investigation of all statements contained in this application (and accompanying resume, if any). I understand that the misrepresentation, or the omission of facts called for, will result in immediate termination or disqualification.

Signature Date

Have you ever worked for the City of Prescott before? Yes No If yes, give date(s) _____

Are you legally eligible to work in the United States in the position for which you are applying?
(Proof of citizenship or work eligibility will be required as a condition of employment.) Yes No

Do any of your immediate family members (spouse, children, siblings, parents, grandparents, aunts, uncles, nephews, nieces or grandchildren) work for the City of Prescott? Yes No
If yes, his/her name and department _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

If "No," list reason here _____

Are you at least 18 years old? Yes No

Are you a Veteran of the Armed Forces of the United States? Yes No

If yes, Branch _____ Dates of Service _____ to _____

Type of Discharge _____

ATTACH ADDITIONAL SHEETS IF NECESSARY
(Application MUST BE COMPLETED - Do Not Say "See Resume")

Are you capable of adequately performing the essential functions of the position as described in the job description?

Yes No If No, the City will provide reasonable accommodation within the limits prescribed by law.

EDUCATIONAL INFORMATION

CIRCLE HIGHEST GRADE COMPLETED GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 13 14 15 16 POST GRADUATE 1 2 MA PHD

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED? YES NO

NAME AND ADDRESS OF HIGH SCHOOL OR GED INSTITUTION (TEST SITE):

| TYPE SCHOOL | NAME & MAILING ADDRESS OF SCHOOL | SCHOOL PHONE NUMBER | MAJOR | DEGREE |
|------------------------|----------------------------------|---------------------|-------|--------|
| COLLEGE/ UNIVERSITY | | | | YES NO |
| COLLEGE/ UNIVERSITY | | | | YES NO |
| GRADUATE | | | | YES NO |
| TECHNICAL | | | | YES NO |
| TECHNICAL | | | | YES NO |
| OTHER | | | | YES NO |
| HONORS AWARDS | | | | YES NO |

LIST ANY CORRESPONDENCE COURSES, SPECIAL COURSES, SEMINARS, WORKSHOPS, TRAINING SESSIONS, LICENSES OR CERTIFICATES THAT RELATE TO THE POSITION APPLIED FOR.

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Personal Typing Skills

| | | | |
|--------------------------|---|---|-------|
| Keyboarding speed WPM | 10 Key Calculator <input type="checkbox"/> Yes <input type="checkbox"/> No | Shorthand <input type="checkbox"/> Yes <input type="checkbox"/> No | Speed |
|--------------------------|---|---|-------|

| | | | | |
|--|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|
| Personal Computer Skills <input type="checkbox"/> Word Processing | <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> Graphics | <input type="checkbox"/> Programming | <input type="checkbox"/> Other |
|--|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|

Please identify Software Program Proficiencies _____

LIST ANY PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD THAT ARE JOB RELEVANT. *(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other legally protected status.)*

| | ORGANIZATION & PHONE NUMBER | HOURS PER MONTH | SKILLS LEARNED |
|----|-----------------------------|-----------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER APPLICABLE EXPERIENCE

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REFERENCES

GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

| | NAME | ADDRESS | TELEPHONE |
|----|------|---------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

EMPLOYMENT EXPERIENCE

LIST A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE, GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST. APPLICANTS MUST IDENTIFY ALL JOB-RELEVANT EXPERIENCES. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS OR UNPAID VOLUNTEER/INTERNSHIP EXPERIENCES. PLEASE USE ADDITIONAL SHEETS IF NECESSARY

1. Employer: _____

Address: _____

Your Title: _____ Supervisor: _____

Telephone Number: _____ Number & Title of positions

reporting to you: _____

Specific Duties: _____

Reason for seeking other employment: _____

Length of Employment

From: _____

month year

To: _____

month year

Total: _____

years months

Hours per week: _____

Beginning Salary: _____

Ending Salary: _____

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2. Employer: _____

Address: _____

Your Title: _____ Supervisor: _____

Telephone Number: _____ Number & Title of positions reporting to you: _____

Specific Duties: _____

Reason for seeking other employment: _____

Length of Employment

From: _____
month year

To: _____
month year

Total: _____
years months

Hours per week: _____

Beginning Salary: _____

Ending Salary: _____

3. Employer: _____

Address: _____

Your Title: _____ Supervisor: _____

Telephone Number: _____ Number & Title of positions reporting to you: _____

Specific Duties: _____

Reason for seeking other employment: _____

Length of Employment

From: _____
month year

To: _____
month year

Total: _____
years months

Hours per week: _____

Beginning Salary: _____

Ending Salary: _____

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4. Employer: _____

Address: _____

Your Title: _____ Supervisor: _____

Telephone Number: _____ Number & Title of positions

reporting to you: _____

Specific Duties: _____

Reason for seeking other employment: _____

Length of Employment

From: _____
month year

To: _____
month year

Total: _____
years months

Hours per week: _____

Beginning Salary: _____

Ending Salary: _____

5. Employer: _____

Address: _____

Your Title: _____ Supervisor: _____

Telephone Number: _____ Number & Title of positions

reporting to you: _____

Specific Duties: _____

Reason for seeking other employment: _____

Length of Employment

From: _____
month year

To: _____
month year

Total: _____
years months

Hours per week: _____

Beginning Salary: _____

Ending Salary: _____

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