

City of Phillips

<http://www.CityOfPhillips.com>

Employment Application

174 South Eyder Avenue

Phillips, WI 54555

Phone: 715-339-3125

Fax: 715-339-3265

E-mail: clerk.phillips@pctcnet.net

An equal opportunity employer



Instructions: Please print in ink & complete entire application. Mail to the above address.

Applicant Information

Name (last, first, middle initial)

Address (street, city, state, zip code)

Daytime phone

Cell phone

Evening phone

Social Security Number: _____

Questions:

1. Are there any other names under which you have attended school or worked?

Yes ____ No ____ If yes, please list for reference checking purposes.

2. Are you at least 18 years of age? Yes ____ No ____

3. Are you legally authorized to work in the United States? Yes ____ No ____

4. Have you ever been convicted of a crime or pleaded no contest to any offense/violation other than minor traffic violations? Yes _____ No _____

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted (Convictions are not an automatic bar to employment.)

5. Do you have any pending criminal charges against you? Yes _____ No _____

If yes, describe 1) the nature of the charges, 2) date issued, and 3) county and state where issued.

6. Have you ever applied (yes _____ no _____) or worked for (yes _____ no _____) the City of Phillips?

7. Do you have relatives who are currently employed with the City of Phillips?

Yes _____ No _____ If yes, please list name and relationship to you.

Job Position

What is the title of the position you are applying for? _____

When can you start? _____

Are you able to perform all the essential functions/duties of the position you are applying for? (Please refer to the job position description.) If no, please identify which essential functions you could perform with reasonable accommodation.

Do you have access to a car? (For some positions, a vehicle is required.)

Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

If yes, license number and state: _____

Do you have a valid commercial driver's license? Yes _____ No _____

If yes, license number and state: _____

Education

	Name/Location	Dates Attended	Field of Study	Diploma/Degree Received
High School				
College				
Graduate				
Other (specify)				

Did you complete any training courses? If yes, please specify.

Course/Seminar	Sponsoring Organization	Content	Dates Attended
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Describe any education, training, or other experience you have had which is not covered above, such as vocational school, correspondence courses, service schools, volunteer work, certificates & awards received, etc., which you feel is relevant to the job(s) for which you are applying.

Employment History

Start with most recent employment. Use a separate sheet, if necessary. Remember to include any work you did in the Armed Forces.

◆ Name of Employer _____
Address: _____
Telephone: _____ Type of Business: _____
Your Job Title: _____
Employment Dates (month/year): From _____ To _____
Starting Salary: _____ Ending Salary: _____
Name of Immediate Supervisor: _____
Description of Duties: _____

Reason for Leaving: _____

May we contact as a reference? Yes _____ No _____

◆ Name of Employer _____
Address: _____
Telephone: _____ Type of Business: _____
Your Job Title: _____
Employment Dates (month/year): From _____ To _____
Starting Salary: _____ Ending Salary: _____
Name of Immediate Supervisor: _____
Description of Duties: _____

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Address: _____
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Your Job Title: _____
Employment Dates (month/year): From _____ To _____
Starting Salary: _____ Ending Salary: _____
Name of Immediate Supervisor: _____
Description of Duties: _____

Reason for Leaving: _____

May we contact as a reference? Yes _____ No _____

References

List individuals familiar with your job qualifications. Do not include relatives or personal friends.

◆ Name: _____ Relationship: _____
Address: _____
Daytime phone: _____ Evening phone: _____
How long have you known this reference? _____

◆ Name: _____ Relationship: _____
Address: _____
Daytime phone: _____ Evening phone: _____
How long have you known this reference? _____

◆ Name: _____ Relationship: _____
Address: _____
Daytime phone: _____ Evening phone: _____
How long have you known this reference? _____

Statement & Signature

Please read the following carefully before signing this form.

1. All information contained in this 6-page application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the City of Phillips to investigate my responses on this application and contact any or all of my former employers or individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly release and hold harmless any person or organization that provides information pertaining to me or my employment, including but not limited to, an investigative credit report, a criminal background check, a driver's license record check, and/or a reference check. I understand that this background check might be done either before or after an employment decision is reached and, in fact, could conceivably be done on multiple occasions during employment.
3. I understand that upon receiving a job offer a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the City of Phillips, I recognized that this application is not and should not be considered a contract of employment. I understand that employment with the City of Phillips is on an at-will basis, and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the City of Phillip's, unless specifically provided otherwise in a written employment contract.

Date: _____

Applicant's Signature: _____