

Position Applied For: _____

For positions requiring driving only:

Do you possess a valid Driver's License? Yes No

Do you possess a valid Commercial Driver's License? Yes No Type/Class: _____

Do you possess any other License? Yes No Type: _____

List any memberships in professional or technical associations: _____

List any current license or registration as a member of a trade or profession: _____

Are you a U.S. Citizen? Yes No **Are you legally eligible for employment in the United States?** Yes No

Are you at least 18 years of age? Yes No Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.

When will you be available for employment? _____

Have you ever been employed by the City of Stoughton? Yes No
If yes: when, in what position, and in what department? _____

Are you currently employed? Yes No **Do you have regular & reliable transportation?** Yes No

List the days and hours you are available to work: _____

EDUCATION

Did you graduate from high school? Yes No
Name & location of school: _____

If no, have you passed a high school equivalency or GED test? Yes No
Location: _____

Training beyond high school:
College or university, technical, nursing, business college or other schools you have attended.

Name, location & phone number of school	Major Field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police academy, in-service training. Please provide dates.

SPECIAL SKILLS & QUALIFICATIONS

This information must be provided if you are applying for a position requiring these skills.

Experience transcribing mechanically-recorded material? Yes No Typing speed (if known): _____ wpm

Experience using a 10-key adding machine? Yes No Keying speed (if known): _____ kpm

List any additional office equipment which you can operate skillfully: _____

List all computer software which you can operate skillfully: _____

Have you used the following equipment in a job-related capacity:

Street Sweeper Yes No

Bucket Truck Yes No

Digger Derrick Yes No

Fork Lift Yes No

Wood Chipper Yes No

Dump Truck Yes No

Foreign language (spoken or read with proficiency):

French

German

Spanish

Hmong

Other _____

Are you a certified Police Officer? Yes No Date Certified: _____ State certified by: _____

EMPLOYMENT EXPERIENCE

IMPORTANT: You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience and education.

Are you currently **unemployed**? No Yes, since _____

List any time periods of past **unemployed** status:

Start with your present or most recent employment – include military service.

Please use a separate sheet of paper for additional employers.

From (month/year):	Title of your PRESENT/MOST RECENT position:	PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (month/year):	Employer's Name: Phone No.:	
Hours each week:	Address:	
Full time <input type="checkbox"/>	Name & title of supervisor:	
Part time <input type="checkbox"/>		
Temporary <input type="checkbox"/>		
Starting salary (indicate yearly, monthly or hourly)	If currently employed, may we contact that employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time. Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly)	Number of employees you supervise: Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (month/year):	Title of position held:	PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (month/year):	Employer's Name: Phone No.:	
Hours each week:	Address:	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name & title of supervisor:	
Starting salary (indicate yearly, monthly or hourly)	Reason for leaving:	
Present salary (indicate yearly, monthly or hourly)	Number of employees you supervised: _____ Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (month/year):	Title of position held:	PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (month/year):	Employer's Name: Phone No.:	
Hours each week:	Address:	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name & title of supervisor:	
Starting salary (indicate yearly, monthly or hourly)	Reason for leaving:	
Present salary (indicate yearly, monthly or hourly)	Number of employees you supervised: _____ Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (month/year):	Title of position held:	PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (month/year):	Employer's Name: Phone No.:	
Hours each week:	Address:	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name & title of supervisor:	
Starting salary (indicate yearly, monthly or hourly)	Reason for leaving:	
Present salary (indicate yearly, monthly or hourly)	Number of employees you supervised: _____ Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any gaps in employment: _____

OTHER EXPERIENCE
(Include volunteer experience, internships, and/or jobs, not included in the employment section.)

Company Name/Location	Job Title	Dates:	Salary:	Full or Part time

OTHER QUALIFICATIONS

Describe any specialized training, apprenticeship, skills and extra-curricular activities which may have prepared you for this position:

LEADERSHIP EXPERIENCE

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

REFERENCES:

Work or education related (e.g. former employers, supervisor, co-workers, school faculty). No relatives/significant others.

NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

How did you learn about this position? (Please explain)

- Advertisement _____ Relative _____ Friend _____
 Employment Agency _____ Walk-in _____ Other _____

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial: I authorize any person contacted to provide the City of Stoughton 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 be 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 Stoughton to request employment records from my present and/or former employers(s). I release and hold harmless the City of Stoughton, their officers, agents and employees, and the person(s) providing the information from any liability related to providing the information.

Initial: I understand that after receiving a conditional offer of employment, I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the City of Stoughton. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Stoughton, and consent to the release of the test results to the City of Stoughton. I hereby release and hold harmless the City of Stoughton, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial: I authorize the City of Stoughton, 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 Stoughton, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of Stoughton only if it substantially relates to the position applied for.

Initial: If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Stoughton reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial: I agree to use such personal protective equipment and devices as may be required by the City of Stoughton and to comply with safety rules and requirements. In addition, I understand that the City of Stoughton maintains a workplace free from drugs, harassment and violence.

Initial: I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the City of Stoughton has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice: Wisconsin Open Records Law: Under Section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "Final Candidate", they can do so by making a separate request in writing.

The City of Stoughton is committed to the equality of opportunity for all people. It is the policy of the City of Stoughton to provide equal employment opportunities for all individuals on the basis of their skills, abilities, and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

Applicant's Signature

Date

Please visit our website at ci.stoughton.wi.us/clerk for more information about the City of Stoughton or for additional copies of this application.

CITY OF STOUGHTON
HUMAN RESOURCES DEPARTMENT
RECRUITMENT INFORMATION

This form will not become a part of your application for employment. Your answers will neither help nor hinder your chance for City employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's Affirmative Action efforts. We ask your cooperation in providing us with the following information:

PLEASE PRINT OR TYPE

1. NAME: _____
Last First M.I.

2. ADDRESS: _____

3. JOB(S) APPLYING FOR: _____

4. RACIAL GROUP:

How do you describe yourself in terms of the following groups?

- | | |
|---|--|
| <input type="checkbox"/> A. White/Caucasian | <input type="checkbox"/> D. Asian/Asian American |
| <input type="checkbox"/> B. Black | <input type="checkbox"/> E. American Indian |
| <input type="checkbox"/> C. Latin American/Chicano/Puerto Rican/Mexican American/Spanish American/Cuban | <input type="checkbox"/> F. Other |

5. SEX (Please check) Male Female

6. AGE: Date of Birth: _____

- A. Under 16 B. 16 – 40 C. 41 – 65 D. Over 65

7. RECRUITMENT:

How did you hear about the job in which you are interested in? (Check one only.)

- A. Stoughton Newspapers
- B. Another Newspaper (which one: _____)
- C. Professional Journal (which one: _____)
- D. Job Interest Card (prior inquiry for work at the City)
- E. Bulletin Board (where: _____)