

# City of Tomahawk

## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

MAIL APPLICATION TO:

City of Tomahawk  
PO Box 469  
Tomahawk, WI 54487

**INSTRUCTION**

To be filled out by applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sexual orientation or disability.

- Incomplete applications MAY NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume".
- DATE and SIGN this application.
- Please list a minimum of ten years' prior experience and education.
- Please complete this application in black or blue ink. Do not type.
- You are not required to furnish any information, which is prohibited by federal, state or local law.

TITLE AND POSITION YOU ARE APPLING FOR:		DEPARTMENT:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student Intern <input type="checkbox"/> Grant Funded <input type="checkbox"/> Temporary/Limited Term Employment		TODAY'S DATE	
NAME (last)                      (first)                      (M.I.)		Home Phone (     )                      -                      _____	
CURRENT ADDRESS _____ _____ (city)                                      (state)                                      (zip)		BUSINESS PHONE (     )                      -                      _____  Can we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, list hours: _____	
PERMANENT ADDRESS: (if different than current address) _____ _____ (city)                                      (state)                                      (zip)		Email Address:  Can we contact you here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any other names you have used including nicknames:		When will you be available for employment?	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by the City of Tomahawk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what position, and in what department? _____		<i>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.</i>	
List any relatives employed by the City of Tomahawk or serving as an elected or appointed official:   <i>The City of Tomahawk shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i>			
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you possess a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No      Type/Class: _____			
Do you possess any other license? <input type="checkbox"/> Yes <input type="checkbox"/> No      Type: _____			

List any memberships in professional or technical associations.	List any current license or registration as a member of a trade or profession.
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**THIS SECTION MUST BE COMPLETED!** Please list ALL instances in which you were convicted and pleaded no contest as an ADULT for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list ALL criminal (misdemeanors or felonies), ordinance violation, traffic violations and the like. Also, please list ALL criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

*Approximate dates may be listed:*

Date	Location	Charge	Court	Disposition of Case

Note: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

**Did you graduate from high school?**     Yes     No

Name of school: \_\_\_\_\_

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

**Training beyond high school:**

College or university, technical, nursing, business college or other schools you have attended.

College, university or school – name, location and phone number	Dates attended	Major field	Type of degree received	Credits earned	GPA

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

**IMPORTANT:** You must complete the employment section 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 **unemployment** status: \_\_\_\_\_

**EMPLOYMENT SECTION: (Please start with your most recent position – include military service)**

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

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

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

**Please use a separate sheet of paper of additional employers**

**OTHER EXPERIENCE**

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

Company name/location	Job Title	Dates Employed (month/year)	Annual Salary	Full or part-time
		From:            To:		
		From:            To:		

Please explain any gaps in employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

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

Name/Telephone Number/Address	Occupation	Nature of Relationship
1.		
2.		
3.		

**Please read the following and sign the application in the spaces provided below.**

Information provided and statements made as part of this application may be grounds employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

**CERTIFICATION**

All information provided and statements made by me as part of this application or as part of any additional information provided in the support of the application, are complete, correct and true to the best of my knowledge.

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 hires, dismissal.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE**

Wisconsin Open Record Law, 19.36(7) of Wisconsin Statutes, states that the names of the “final candidates” must be open to public inspection. The statutes 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.

I request that my identity as an applicant for the position of \_\_\_\_\_ not be revealed without my consent or until required by law.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_