



APPLICATION FOR EMPLOYMENT CITY OF ARCADIA

945 S Dettloff Drive
Arcadia, WI 54612
608-323-3359

PERSONAL INFORMATION			DATE
NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)			
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	DATE OF BIRTH	PHONE NUMBER	
DRIVER'S LICENSE NO.	STATE OF ISSUANCE		

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU APPLIED TO THE CITY OF ARCADIA BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL & PH #	DATES ATTENDED: MM/YYYY TO: MM/YYYY	DID YOU GRADUATE	MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER EDUCATION				

GENERAL INFORMATION

SPECIAL TRAINING/SKILLS:			
US MILITARY SERVICE	<input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	RANK
BI-LINGUAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGE	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PREVIOUS EMPLOYMENT

(LIST LAST THREE EMPLOYERS STARTING WITH MOST RECENT EMPLOYER)

NAME OF EMPLOYER		FROM (MM/YYYY)	WAGES	
		TO (MM/YYYY)		
ADDRESS		POSITION	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
CITY		STATE	ZIP CODE	
SUPERVISOR'S NAME	PHONE NO.	MAY WE CONTACT YOUR EMPLOYER/SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASON FOR LEAVING				

PREVIOUS EMPLOYMENT (CONT)

NAME OF EMPLOYER		FROM (MM/YYYY)		WAGES		
		TO (MM/YYYY)				
ADDRESS		POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>			
CITY		STATE		ZIP CODE		
SUPERVISOR'S NAME	PHONE NO.	MAY WE CONTACT YOUR EMPLOYER/SUPERVISOR?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
REASON FOR LEAVING						

NAME OF EMPLOYER		FROM (MM/YYYY)		WAGES		
		TO (MM/YYYY)				
ADDRESS		POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>			
CITY		STATE		ZIP CODE		
SUPERVISOR'S NAME	PHONE NO.	MAY WE CONTACT YOUR EMPLOYER/SUPERVISOR?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
REASON FOR LEAVING						

REFERENCES (LIST BELOW THE NAMES OF THREE PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	POSITION/TITLE/PROFESSION	PHONE NO	NO. OF YEARS KNOWN
ADDRESS	CITY	STATE	ZIP

NAME	POSITION/TITLE/PROFESSION	PHONE NO	NO. OF YEARS KNOWN
ADDRESS	CITY	STATE	ZIP

NAME	POSITION/TITLE/PROFESSION	PHONE NO	NO. OF YEARS KNOWN
ADDRESS	CITY	STATE	ZIP

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the City from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized City representative."

DATE: _____

SIGNATURE: _____

EQUAL OPPORTUNITY EMPLOYER