

CITY OF PARK FALLS EMPLOYMENT APPLICATION

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, gender, national origin, disability/handicap, or any other legally protected status.

PERSONAL INFORMATION

Position Applying for:				
Name				
Present Address				
Home Phone Email:				
Emergency Phone				
Previous Address				
Do you have the legal right to work in the United States? Yes No				
Have you ever been convicted of a crime other than a minor traffic violation? Yes No				
If yes, state citation, date, court, and place where offense occurred				
Have you ever been discharged or asked to resign from a position? Yes No				
If yes, give circumstances				
I have read and understand the Job Description provided to me. Yes No				

EDUCATION

Relevant licenses or certificates for the position applied for and year obtained.

EMPLOYMENT EXPERIENCE

List all employment chronologically beginning with present or most recent employment first. Include full-time, part-time, volunteer and military experience. Please explain any gaps in your employment history. If necessary, print out and complete additional Employment Experience pages.

1.	Name of Employer		
	Address		
	Supervisor's Name & Title		
	Telephone Number		
	Hire Date		_ Starting Rate of Pay
	Job Title & Duties		
	Date Left		
	Reason for Leaving		
	May we contact this employer? Yes		
2.	Name of Employer		
	Address		
	Supervisor's Name & Title		
	Telephone Number		
	Hire Date		
	Job Title & Duties		
	Date Left		_ Ending Rate of Pay
	Reason for Leaving		
	May we contact this employer? Yes		
3.	Name of Employer		
	Address		
	Supervisor's Name & Title		
	Telephone Number		
	Hire Date		
	Job Title & Duties		
	Date Left		
	Reason for Leaving		
	May we contact this employer? Yes	No	

REFERENCES Do not list relatives

JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the employer retains the same right.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for thirty days from the date completed, after which time I would have to reapply in accordance with established procedures of the City of Park Falls.

Signature of Applicant _____

Date _____

Please return this application along with a resume and letter of interest to City of Park Falls, PO Box 146, Park Falls, WI 54552.

The City of Park Falls is an Equal Opportunity Employer and does not discriminate against any applicant for employment on the basis of age, sex, national origin, religion, race, handicap, disability, or other protected groups under federal state, or local laws.