

CITY OF TOMAH EMPLOYMENT APPLICATION

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(Please Print Plainly)

PERSONAL

Last First MI

Name _____ Social Security # _____

Address _____ Telephone # _____

_____ Do you have a valid WI Driver's License? _____

Were you previously employed by us? _____ If yes, when? _____

Do you have a valid Commercial Driver's License? _____ Expiration date _____

Do you have relatives employed by the City of Tomah? _____ Give names and relationships

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EMPLOYMENT INTERESTS

Position(s) Applied for: _____

Full-time _____ Part-time _____ Date available for work: _____

Salary Requirements: \$ _____ per hour \$ _____ annually

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EDUCATION

	<u>Name and Address of School</u>	<u>Did you Graduate?</u>	<u>Degree</u>
High School	_____	_____	_____

College (Under-Graduate)	_____	_____	_____

College (Graduate)	_____	_____	_____

Technical College	_____	_____	_____

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EMPLOYMENT HISTORY

List below your past three employers, beginning with your most recent:

1. Name and Address of Firm: _____ Position: _____
_____ Dates of Employment: _____
_____ Salary: _____
_____ Reason for Leaving: _____
Supervisor: _____
Duties: _____

2. Name and Address of Firm: _____ Position: _____
_____ Dates of Employment: _____
_____ Salary: _____
_____ Reason for Leaving: _____
Supervisor: _____
Duties: _____

3. Name and Address of Firm: _____ Position: _____
_____ Dates of Employment: _____
_____ Salary: _____
_____ Reason for Leaving: _____
Supervisor: _____
Duties: _____

May we contact the employers listed above? _____ If not, indicate which ones you do not want us to contact _____

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MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? _____ If yes, what branch? _____

Date of Duty: From _____ to _____ Rank at Discharge _____

List Duties in the Service including special training _____

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REFERENCES

List references, not relatives, who have personal knowledge of your training, experience and capability:

1. Name: _____ Company: _____

Address and Telephone: _____

2. Name: _____ Company: _____

Address and Telephone: _____

3. Name: _____ Company: _____

Address and Telephone: _____

Additional Comments/Training/Experience: _____

The information on this application is correct and complete to the best of my knowledge. I authorize the City of Tomah to verify or investigate this information and also authorize the organizations, schools and persons named in the application to release information regarding me. I understand that my furnishing any false information will be reason for disqualification as a candidate for employment or cause for termination if I am employed. Additionally, I understand that the City of Tomah may request an investigative report about my background concerning my character, reputation, etc., and that, if such an inquiry is made, that information about the nature and scope of that inquiry will be supplied to me upon written request. I understand that my employment status, if offered a position that is not governed by a Union Contract, shall be on an at will basis.

Signature of Applicant

Date

The City of Tomah is an Equal Opportunity Employer

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AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to provide to the City of Tomah, Wisconsin, any and all information that you may have concerning the following:

1. Employment history, work record and my reputation including my complete personnel file;
2. Medical records, including physical or mental examinations;
3. Scholastic records;
4. Financial records and credit information;
5. Records maintained by any law enforcement agency including arrest records of pending charges, conviction record, or those relating to traffic violations.

This information is to be used to assist the City of Tomah, Wisconsin. Please provide to the bearer of this release form any information falling within the classes listed above, including any information considered confidential or privileged, and permit copying of such information if requested.

I hereby release you and/or your employer or organization from any liability or damage whatsoever which may result because of furnishing such information.

Date: _____ Signature: _____

Date of Birth: _____

Social Security #: _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.