



LESTER PUBLIC LIBRARY OF ROME

1157 Rome Center Drive • Nekoosa, Wisconsin 54457

(715) 325-8990 • (715) 325-8993 Fax • romelib@wctc.net

For Office Use Only

EMPLOYMENT APPLICATION

Position Desired (A separate application is required for each position.)

Position Desired (give exact title):

Personal Information (Please notify us of any change of address or phone number.)

Last Name: _____ First Name: _____

Street Address: _____ Apt. No.: _____

City: _____ State/Zip: _____

Home Phone: () _____ Alternate Phone: () _____ Work Phone: () _____

Social Security No. (Voluntary): _____ Email Address: _____

Do you currently possess a valid WI Driver's License? Yes No License Number: _____ Exp. Date: _____ Class: _____

If hired, can you provide evidence of your legal right to work in the USA? Yes No

Do you have any relatives employed by the Town of Rome ? Yes No

Have you ever previously applied for work with, or been employed by, the Town of Rome ? Yes No

If yes, when and for/in what position?

Are you able to perform the essential functions of the job for which you are applying, either with or without accommodation? Yes No
If no, please describe the functions which you cannot perform:

The Town of Rome complies with the Fair Employment and Housing Act (FEHA) and all other disability laws. We will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions, unless accommodation would cause undue hardship.

Education & Training

Name of School _____ Location _____ Did you graduate? _____

High School: _____ Yes No GED or equivalent

Name of School _____ Location _____ Degree/Major _____ Units Completed _____

College/University: _____

Trade/Business School: _____

The Town of Rome is an Equal Opportunity Employer

Name of Applicant:

Position Desired:

Certificates, Licenses & Skills (Attach additional pages, if needed)

Name of License(s) & Certificate Number

State

Expiration Date

Software Applications:

Typing WPM:

Do you have any foreign language skills which may be applicable to the position for which you are applying? Yes No

If yes, indicate what language(s), and for each whether you can (1) speak, (2) read, and (3) write in that language:

List any award(s), publication(s), qualifications for the position, etc. which are not listed in another area of the application.

Experience

List your most recent experience first and account for all experience during the last 10 years including U.S. Military Service and/or volunteer experience. List each change in title or promotion separately. Attach additional pages if needed. You may attach your resume or job-related certificates. **A resume is not a substitute for completing this section of the application.**

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

Experience (continued)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

Name of Applicant:

Position Desired:

Experience (continued)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

Experience (continued)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

Experience (continued)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

Name of Applicant: _____

Position Desired: _____

May we contact your present employer regarding your qualifications and work record? Yes No

May we contact your past employers regarding your qualifications and work record? Yes No

Have you ever been terminated, other than layoff, or forced to resign or rejected during probation from employment within the last 10 years? If so, please give name of employer, dates of employment and reasons below. If no, indicate "not applicable."

Agreement

Agreement of Applicant: I certify that the statements in this application and accompanying materials are true, complete and correct to the best of my knowledge, and understand that misrepresentation or deliberate omission of fact may subject me to disqualification or dismissal.

Signature

Date

Submit your completed application to:



LESTER PUBLIC LIBRARY OF ROME

1157 Rome Center Drive • Nekoosa, Wisconsin 54457
(715) 325-8990 • (715) 325-8993 Fax • romelib@wctc.net

Employment Questionnaire

Please respond to the following questions and submit this form with your application packet. The completed form is confidential and will be detached from your application. This information is voluntary and is gathered in accordance with State and Federal laws.

Check one:

- Female
 Male

Check one:

- American Indian or Alaskan Native – All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.
Tribal affiliation: _____
- Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, and Indian subcontinent or the Pacific Islands (excluding the Philippine Islands). These areas include Cambodia, China, Hawaii, Guam, India, Japan, Korea, Malaysia, Pakistan, Samoa, Thailand, and Vietnam.
- Black – When not of Hispanic origin, all persons having origins in any of the Black racial groups of Africa.
- Filipino – All persons having origins in any of the original peoples of the Philippine Islands.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White – When not of Hispanic origin, all persons having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Other (specify): _____
-

TOWN OF ROME
(Employing Agency)

Authorization for Release of Information
(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Town of Rome, Nekoosa, Wisconsin, or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State and Federal Law Enforcement agencies
2. Selective Service System
3. Any Banking institution
4. Any place of business (for obtaining employment or credit data)
5. Credit rating bureaus or institutions maintaining individual credit files
6. Any previous employer
7. Present employer
8. Any School, college, university or other educational institution
9. Any law enforcement certification or licensing board of Wisconsin or any other state

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize the Town of Rome, Nekoosa, Wisconsin as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date: _____

Signature: _____
(full name)

Address: _____

city

state

zip

Witness: _____