



Submit your completed application to:

Town of Rome

1156 Alpine Drive
Nekoosa, WI 54457

For office use only

Employment Application

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

Position Applied for: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Street Address: _____ Apt. No.: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Do you currently possess a valid WI Driver's License? Yes ☐ No ☐

License Number: _____ Exp. Date: _____ Class: _____

Are you a citizen of the United States? Yes ☐ No ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for the Town of Rome YES ☐ NO ☐ If yes, when? _____

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

High School: _____ Address: _____

From: _____ To: _____ Did you graduate: YES ☐ NO ☐ GED or Equivalent? _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate: YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate: YES ☐ NO ☐ Degree? _____

Name of Applicant: _____ Position Applied for: _____

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

Name of License(s) and Certificate Number	State	Expiration Date
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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 any 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.**

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Hours per week: _____ Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Duties Performed: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Phone: _____

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Hours per week: _____ Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Duties Performed: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Phone: _____

Name of Applicant: _____ Position Applied for: _____

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Hours per week: _____ Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Duties Performed: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Phone: _____

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Hours per week: _____ Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Duties Performed: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Phone: _____

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Hours per week: _____ Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Duties Performed: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Phone: _____

Name of Applicant: _____ Position Applied for: _____

Have you 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 the employer, dates of employment and reasons below. YES ☐ NO ☐

Conviction

Have you ever been convicted of a felony or misdemeanor? A “conviction” is any plea, verdict or finding of guilt regardless of whether or not a court imposed a sentence. You may exclude any conviction for marijuana-related offenses, if over two years old. Please list all convictions since age 18, excluding minor traffic violations and conviction that have been sealed, expunged or eradicated. Convictions do not automatically disqualify you. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position sought may be considered. If not, indicate “not applicable”. A fingerprint check may be made of all new hires.

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. I agree to be fingerprinted, to sign an oath of office and to furnish proof of education and citizenship or legal right to work in this country as may be required as a condition of employment.

Signature: _____ Date: _____

Recruitment Questionnaire

I first learned about this employment opportunity through:

- ☐ A Town employee: _____
- ☐ Town’s website
- ☐ Friend or relative
- ☐ Internet job site (specify website): _____
- ☐ Job fair (specify which job fair and the location): _____
- ☐ Print advertisement (specify newspaper or magazine): _____
- ☐ A publicly posted brochure (specify where posted): _____
- ☐ Other (specify): _____

Equal Employment Opportunity Commission (EEOC) Voluntary Self Identification Form

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 gathered in accordance with State and Federal laws.

Please check one:

- ☐ Female
- ☐ Male
- ☐ I choose not to self-identify

Please check one:

- ☐ American Indian or Alaskan Native – All persons having origins in any of the original peoples of North or South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ 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 Philippine Islands.
- ☐ Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of race.
- ☐ White – When not of Hispanic origin, all persons having origins in any of the people of Europe, the Middle East or North Africa.
- ☐ Other (please specify): _____
- ☐ I do not wish to disclose

TOWN OF ROME

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 _____

Date of Birth: _____

Witness: _____