

Desition Desired (

### **Employment Application**

i Usition Desireu (A separate application is	required for e	acii posi	uonj		
Position Applied for:					
Applicant Information					
Full Name:			Date:		
Last	First		М.І.		
Street Address:			Apt. No.:		
City:			State/Zip:		
Phone:			Email		
S Date Available:	ocial Securit (Volur)		Desired Salary:		
Do you currently possess a YES NO valid WI Driver's License?	se Number:		Exp. Date:	Class	3:
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? If no, please describe the functions which you cannot perform:				YES	NO □

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: GED or NO YES From: To: Did you graduate? Equivalent? College: Address: YES NO \_\_\_\_ То:\_\_\_\_\_ Did you graduate? From:  $\Box$ Degree: Other: Address: YES NO Did you graduate? From: To: Degree:

The Town of Rome is an Equal Opportunity Employer

Certificates, Licenses & Skills (Attach additional pages if needed)		
Name of License(s) and Certificate Number	State	Expiration Date
Software Applications:		Typing WPM:
List any award(s), publication(s), qualifications for the position, etc. which a	are not listed in another area of	the application.
<b>Experience</b> List your most recent experience first and account for all experience during the last 10 year List each change in title or promotion separately. Attach additional pages if needed. You m substitute for completing this section of the application.		
Employer:	Phone:	
Address:		
Job Title: Hours per week:	S	alary: <mark>\$</mark>
From: To: Reas Duties Performed:	on for Leaving:	
YES May we contact your previous supervisor for a reference?	NO Phone:	
Employer:Address:	C	
Job Title: Hours per week:	S	alary: <u>\$</u>
From: To: Reas Duties Performed:	on for Leaving:	
YES May we contact your previous supervisor for a reference?	NO Phone:	

Position Applied for:

Name of Applicant:

Name of Applicant:		Position Applied for:	
Employer:			Phone:
Address:			
Job Title:	Hours	per week:	Salary: <u>\$</u>
From: Duties Performed:	To:	Reason for Leaving:	
May we contact your pro	evious supervisor for a reference?	YES NO	Phone:
Employer:			Phone:
Address:			
Job Title:	Hours	per week:	Salary: <b>\$</b>
From: Duties Performed:	То:		
May we contact your pro	evious supervisor for a reference?	YES NO	Phone:
Employer:Address:			Phone:
	Hours	per week:	Supervisor: Salary: <b>\$</b>
From: Duties Performed:	То:	Reason for Leaving:	
May we contact your pro	evious supervisor for a reference?	YES NO	Phone:

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.

#### 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 convictions 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 will 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):

#### **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 gathered in accordance with State and Federal laws.

Female

Male

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 peoples 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 peoples of Europe, the Middle East or North Africa.

Other (please specify):

# **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. \_\_\_\_\_\_

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:	Signature:(full name)		
	Address:			
	City	State	Zip	
	Date of Birth:			

Witness: