

CITY OF GALESVILLE

16773 S Main St -- Galesville, WI 54630

(608) 582-2475 -- fax (608) 582-9995

<http://www.cityofgalesville.com>

Employment Application

The City of Galesville is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of age, race, creed, color, disability or handicap, marital status, sex, national origin, ancestry, sexual orientation, arrest or conviction record, or veteran status.

Applications are accepted for posted positions only. Resumes will not be accepted without an application. Print clearly, be specific and complete, sign your application. You will be expected to answer all questions truthfully and completely. Any failure to provide factual responses to this application will result in a finding by the City of fraudulent misrepresentation which can result in either the rejection of your application or your termination. If you have questions when completing this application, please contact Human Resources for assistance.

Position Applying For:		Date:	
Full Name:			
Address:			
City:		State:	Zip Code:
Home Phone:		Work Phone:	
E-mail Address (if any):			

Are you eligible to work in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever worked for the City of Galesville? Yes No

If yes, when and in what capacity? _____

Are any relatives presently employed by the City of Galesville? Yes No

Were you ever discharged or asked to resign from any prior position you have held with any employer?

Yes No If yes, please explain by fully identifying the prior employer, the date of your involuntary resignation and/or termination and the reason for your departure from that employer:

Are you 18 years of age or older? Yes No

Do you possess a valid Wisconsin driver's license? Yes No

Do you possess a valid driver's license from another state? Yes No

State: _____

Do you possess a valid Wisconsin commercial driver's license? Yes No

Have you ever been convicted of a criminal violation, meaning any conviction other than for a minor traffic or ordinance offense? Yes No

(You must report all convictions, past and present. A conviction will not automatically disqualify you from employment but any dishonesty relevant to this response will remove your application from further consideration or result in termination of your employment.)

If yes, please explain: _____

Education: (If additional space is needed, please attach blank sheets as necessary.)

Name & Location of College/University, Technical, Trade, etc.	Degree/Certificate	% Complete	Date Received	Major Course of Study	GPA

Employment: List most recent employment first (**do not write 'see resume' in the spaces below**).

Name and Address of Company:	
Dates of Employment:	Salary:
Name and Title of Supervisor:	Phone:
Job Title:	
Duties:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Company:	
Dates of Employment:	Salary:
Name and Title of Supervisor:	Phone:
Job Title:	
Duties:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Company:	
Dates of Employment:	Salary:
Name and Title of Supervisor:	Phone:
Job Title:	
Duties:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Company:	
Dates of Employment:	Salary:
Name and Title of Supervisor:	Phone:
Job Title:	
Duties:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Licenses/Certifications:

List licenses or certifications held	Class	Number	Expiration Date

Specialized Training, Apprenticeships, Computer Skills:

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Professional References:

Name and Relationship	Address	Phone

Volunteer/Community Activities:

Organization	Type of Work	Hours per Week	Length of Service

Additional Information:

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By signing below, I certify that all statements made on this application are true and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if already employed, will result in dismissal. My signature authorizes the City of Galesville to do a background check and reference check and obtain information and records about me from: any licensing authority, any educational institutions, any current and former employers or other references, and any information needed to complete a criminal background check. I understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to appointment to a position with the City of Galesville; I also understand that refusal to participate will result in the withdrawal of any offer of employment. I hereby release any individual, institution or business, including its officers or employees from any and all liability for damages arising from a good faith attempt to comply with this authorization and release. A copy of this release is as good as the original.

Signature:	Date:
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NOTICE TO ALL APPLICANTS

Wisconsin State Statutes, Section 19.36(7), 64.09(5), and 64.11(7) require public employees to treat the following items as a public record: Each applicant's

- Application
- Qualifications
- Records
- Recommendations

except as provided in Section 19.36(7), Wisconsin State Statutes, which allows the identity of an applicant to remain confidential if the applicant requests in writing that the City not provide access to this information.

If you choose not to have this information become a public record, you must make such a request in writing to the City of Galesville City Clerk. If you become a finalist for a City position, your identity may be disclosed as required by law.

Voluntary Information Disclosure

DO NOT ATTACH TO YOUR APPLICATION

As an employer, it is necessary for the City of Galesville to validate in state and federal reports that we are recruiting an available, qualified work force in all segments of the community. The information below will NOT be given to anyone making hiring decisions nor will it be placed in any personnel file. Providing the information is purely voluntary, but we would appreciate your cooperation in our efforts to ensure equal opportunity employment.

Name: _____

Position Applied for: _____

Sex: Male Female

Please check one of the following Equal Opportunity Identification Groups:

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other

How did you learn of this position? (please check all that apply)

- Job Service
- Newspaper
- Professional Paper/Journal
- City of Galesville website
- Internet (other than City website)
- Other _____

The Americans with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment."

By this definition, are you an individual with a disability? Yes No