City of Black River Falls

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: To be filled out by the applicant in ink. Check (x) in the appropriate blanks () where necessary. If additional details will be of value in answering these questions, use a separate sheet. False or misleading statements will be cause for rejection or dismissal after appointment.

Indicate number of	f years of school succes	sfully completed:
Name and location	of school last attended	:
Name and locatio	n of previous college, b	usiness, or vocational schools attended and major subject:
1		
2		
3		
		phone number of three references.
(no relatives or fo	•	
1		
2		
3		
List Any Special S	Skills, Competencies, an	d/or Experience:
		ion will not be an absolute bar to employment, except when such number, severity, recentness, job relatedness.
Have you ever ple	d guilty or been convict	ed of a felony?
Yes No _	If yes, state in fu	ill: Offense:
Date:	Court	Disposition:
Have you ever bee	n charged or convicted	of any crime or misdemeanor other than a traffic violation?
Yes No _	If yes, state in fu	ill: Offense:
Date:	Court	Disposition:

PREVIOUS EMPLOYMENT

Give a complete account of your previous employment history (preferably full-time) including apprenticeships. Start with your present or most recent position and work back. Evaluation of your experience will be based on this information. Emphasize your own specific tasks.

Employment Dates: From: To:					
Name of Employer:					
Address:					
Phone:					
Type of Business:					
Position Held:					
Description of Work Performed:					
Name & Title of Supervisor:					
Final Wage/Salary: \$					
Reason for Leaving:					
Employment Dates: From: To:					
Name of Employer:					
Name of Employer:					
Name of Employer: Address: Phone:					
Name of Employer: Address: Phone: Type of Business:					
Name of Employer: Address: Phone: Type of Business: Position Held:					
Name of Employer: Address: Phone: Type of Business:					
Name of Employer: Address: Phone: Type of Business: Position Held: Description of Work Performed:					
Name of Employer:					
Name of Employer: Address: Phone: Type of Business: Position Held: Description of Work Performed: Name & Title of Supervisor: Final Wage/Salary: \$					
Name of Employer:					

Employment Dates: From:	To:
Name of Employer:	
Address:	
Phone:	
Type of Business:	
Position Held:	
Description of Work Performed:	
Name & Title of Supervisor:	
Final Wage/Salary: \$	
Reason for Leaving:	
If currently employed, may the City contact y	your present employer? Yes No
Would you accept temporary employment?	Yes No
I hereby certify that the information set forth is true and completed to the best of my know statements on this application whenever disc dismissal after employment. I authorize the	ATION / CONSENT TO RELEASE in this application for employment with the City of Black River Falls pledge. I understand that any misrepresentations or falsified overed shall be considered sufficient cause for refusal to hire or City of Black River Falls to make any investigation of my prior e any action necessary to verify the accuracy of any information I
corporations, organizations, entities, credit but justice, licensing, and record-keeping agencies	ormer employers, supervisors, co-workers, schools, companies, ureaus, courts and any governmental, law enforcement, criminal es, and any other source of information to provide all information cluding without limitation, any criminal records.
I certify that I have read and understand this the original.	entire document and I agree that a copy of this document is as valid as
Signature of Applicant	Date
Printed Name of Applicant	