

City Of Portage

115 W. Pleasant Street
Portage, WI 53901
www.portagewi.gov

GENERAL EMPLOYMENT APPLICATION

CITY OF PORTAGE IS AN EQUAL OPPORTUNITY EMPLOYER, IT IS OUR POLICY TO ABIDE BY ALL FEDERAL AND STATE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION SOLELY ON THE BASIS OF A PERSON'S RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, AGE (OVER 40), SEX, MARITAL STATUS, OR PHYSICAL HANDICAP, EXCEPT WHERE A REASONABLE, BONA-FIDE OCCUPATIONAL QUALIFICATION EXISTS.

DATE OF APPLICATION _____

PLEASE TYPE OR PRINT LEGIBLY IN INK – IF MORE SPACE IS NEEDED ATTACH ADDITIONAL PAPER

PERSONAL DATA	
NAME: (LAST) (FIRST) (MIDDLE) TELEPHONE E-MAIL	() -
ADDRESS: (STREET) (CITY) (STATE) (ZIP CODE)	
EMPLOYMENT DESIRED	
POSITION DATE YOU CAN START SALARY DESIRED	
ARE YOU EMPLOYED NOW? REFERRED BY:	
OTHER EMPLOYMENT – RELATED INFORMATION	
CHECK THE FOLLOWING OPTIONS WHICH YOU WOULD CONSIDER ___ FULL-TIME ___ PART-TIME ___ TEMPORARY	LIST ANY RELATIVES WORKING FOR CITY OF PORTAGE? NAME: _____ DEPARTMENT: _____
CAN YOU VERIFY THAT YOU ARE AT LEAST 18 YEARS OF AGE? ___ YES ___ NO	WERE YOU PREVIOUSLY EMPLOYED BY THE CITY OF PORTAGE? DATES & JOB TITLES: _____ / _____
ARE YOU A UNITED STATES CITIZEN OR A PERMANENT RESIDENT ALIEN? ___ YES ___ NO IF NOT A U.S. CITIZEN, CAN YOU AFTER EMPLOYMENT OFFER IS EXTENDED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? ___ YES ___ NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OF \$500 OR MORE? (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT) ___ YES ___ NO IF YES, EXPLAIN _____
UPON REVIEWING THE JOB REQUIREMENTS, ARE THERE ANY PHYSICAL LIMITATIONS YOU HAVE THAT MIGHT CAUSE DIFFICULTY IN YOUR ABILITY TO PERFORM THE JOB BEING APPLIED FOR? ___ YES ___ NO IF YES, PLEASE EXPLAIN THE TYPE OF ACCOMMODATION REQUIRED _____	NAME AND TELEPHONE NUMBER (WITH AREA CODE) OF THE PERSON TO CONTACT IN CASE OF AN EMERGENCY: NAME: _____ ADDRESS: _____ PHONE: _____ () _____

EXPERIENCE

IF AVAILABLE – PLEASE ATTACH YOUR RESUME TO THIS APPLICATION

LIST THE LAST TEN (10) YEARS WORK EXPERIENCE BEGINNING WITH THE MOST RECENT – BE SURE TO EXPLAIN GAPS IN EMPLOYMENT

NAME OF EMPLOYER: _____ TYPE OF BUSINESS: _____

ADDRESS: (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____ PHONE NUMBER () _____

PERIOD OF EMPLOYMENT: _____ STARTING JOB TITLE: _____

FROM _____ TO _____ ENDING JOB TITLE: _____

EMPLOYMENT STATUS: _____ NAME AND TITLE OF SUPERVISOR: _____

___FULL-TIME ___PART-TIME ___TEMPORARY

MAY WE CONTACT? ___YES ___NO

BRIEF DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____ PRESENT SALARY: _____

NAME OF EMPLOYER: _____ TYPE OF BUSINESS: _____

ADDRESS: (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____ PHONE NUMBER () _____

PERIOD OF EMPLOYMENT: _____ STARTING JOB TITLE: _____

FROM _____ TO _____ ENDING JOB TITLE: _____

EMPLOYMENT STATUS: _____ NAME AND TITLE OF SUPERVISOR: _____

___FULL-TIME ___PART-TIME ___TEMPORARY

MAY WE CONTACT? ___YES ___NO

BRIEF DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____ LAST SALARY: _____

NAME OF EMPLOYER: _____ TYPE OF BUSINESS: _____

ADDRESS: (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____ PHONE NUMBER () _____

PERIOD OF EMPLOYMENT: _____ STARTING JOB TITLE: _____

FROM _____ TO _____ ENDING JOB TITLE: _____

EMPLOYMENT STATUS: _____ NAME AND TITLE OF SUPERVISOR: _____

___FULL-TIME ___PART-TIME ___TEMPORARY

MAY WE CONTACT? ___YES ___NO

BRIEF DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____ LAST SALARY: _____

COMMENTS

DRIVERS LICENSE

LIST ANY COMMENTS, SPECIAL SKILLS, OR QUALIFYING STATEMENTS YOU CARE TO MAKE: _____

DO YOU HAVE A VALID WISCONSIN DRIVERS LICENSE?
___YES ___NO

DO YOU HAVE A VALID CDL? ___YES ___NO
IF YES, WHAT ENDORSEMENTS? _____

EDUCATION AND TRAINING

HIGH SCHOOL	COMPLETE ADDRESS	GRADUATED/GED? ____ YES ____ NO
COLLEGE OR UNIVERSITY	COMPLETE ADDRESS	MAJOR/DEGREE / /
GRADUATE SCHOOL	COMPLETE ADDRESS	MAJOR/DEGREE/ / /
TRADE/TECH SCHOOL	COMPLETE ADDRESS	SUBJECTS GRADUATED ____ YES ____ NO
U.S. MILITARY SERVICE	RANK	PRESENT MEMBER IN NATIONAL GUARD OR RESERVES? ____ YES ____ NO
PLEASE LIST: ANY OTHER CERTIFICATIONS OR LICENSES, YOU HOLD; ANY MACHINES OR EQUIPMENT YOU ARE QUALIFIED TO OPERATE; AND ANY LANGUAGES YOU SPEAK FLUENTLY (INCLUDING SIGN LANGUAGE)		

REFERENCES

LIST ANY BUSINESS PERSONS KNOWN TO YOU FOR AT LEAST THREE (3) YEARS – NOT RELATED

NAME/TITLE	BUSINESS NAME AND ADDRESS	YEARS KNOWN	PHONE NUMBER
1.			()
NAME/TITLE	BUSINESS NAME AND ADDRESS	YEARS KNOWN	PHONE NUMBER
2.			()
NAME/TITLE	BUSINESS NAME AND ADDRESS	YEARS KNOWN	PHONE NUMBER
3.			()

APPLICANT'S CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK.

1. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME IN THE FORGOING QUESTIONS AND THE STATEMENTS ARE CORRECT AND COMPLETE. I UNDERSTAND THAT ANY OMISSIONS, MISLEADING OR FALSE INFORMATION CONTAINED IN THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISCHARGE. I AGREE THAT THE CITY OF PORTAGE SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSE STATEMENT, ANSWERS OR OMISSIONS MADE BY ME IN THIS APPLICATION.
2. I ALSO AUTHORIZE PERTINENT COMPANIES, SCHOOLS, AGENCIES, POLICE DEPARTMENTS OR PERSONS TO GIVE ANY INFORMATION REQUESTED REGARDING MY EMPLOYMENT, CHARACTER, EXPERIENCE, QUALIFICATIONS AND/OR SUITABILITY FOR EMPLOYMENT. I HEREBY FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE ANY PERSON OR ORGANIZATION FOR ANY RESULT OF PROVIDING, OBTAINING OR ACTING UPON SUCH INFORMATION. I UNDERSTAND THAT SUCH INFORMATION IS SOUGHT WITH CONFIDENTIALITY AND I WILL NOT REQUEST COPIES OF SUCH INFORMATION. IN ADDITION, A COPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL AND SHOULD BE RECOGNIZED AS SUCH.
3. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT OR CONTINUED EMPLOYMENT, IF HIRED, MAY BE CONDITIONED UPON PASSING A PHYSICAL EXAMINATION, INCLUDING SUBSTANCE ABUSE SCREENING. REFUSAL TO PARTICIPATE WILL RESULT IN TERMINATION OR DENIAL OF EMPLOYMENT.
4. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE: _____

SIGNATURE: _____

THIS APPLICATION IS CURRENT FOR 6 MONTHS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. **PLEASE ATTACH RESUME.**