



APPLICATION FOR EMPLOYMENT CITY OF WISCONSIN RAPIDS

The City of Wisconsin Rapids is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, gender, sexual orientation, age, marital status, veteran status, disability, or any other protected status.

If you need assistance at any time during this application process, please contact Human Resources at 715-421-8214.

Position(s) Applied For: _____

The City's Human Resources Department is located in Room 303, Wisconsin Rapids City Hall, 444 West Grand Avenue, Wisconsin Rapids, WI 54495-2780

NOTE: PERSONS SELECTED FOR EMPLOYMENT MAY BE FINGERPRINTED AND MAY BE GIVEN A MEDICAL EXAM. Any offer of employment is contingent upon evaluation and approval of data received via fingerprint check and post-offer medical exam.			
Name (Last, First, MI):		Cell Phone:	
Address:	City, State, Zip:	Home Phone No (Include Area Code):	
Email Address:			

Will you accept Temporary Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you accept Part – Time Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are applying for a Police Officer position, are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you now or have you ever been employed by the City of Wisconsin Rapids? Now <input type="checkbox"/> Yes <input type="checkbox"/> No Past <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, give job title:	Department:	Dates of Employment:
Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid CDL license? : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, will you be able to perform the essential functions with an accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education	Name of School	City/State	Years Completed	Did you Graduate?	Type of Degree & Major
High School					
College					
Graduate					
Certification					

List any certifications or other types of training that you've completed:

List which Microsoft products you have used:



IMPORTANT: We need the information requested below to aid us in determining your qualifications for the position. It is important that this data be as complete as possible in order that you receive maximum consideration. Please list your present and past full- and part-time employment. Give special attention to experience relating to the job for which you are applying. Be sure to list volunteer work and any related self-employment. You need not go back beyond 10 years unless you feel prior experience is reasonably related to the position for which you are applying. Use additional sheets if necessary. You may also attach a brief résumé to further explain your qualifications.

Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties Number of employees you supervised: _____		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (_____ hours per _____)	
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties Number of employees you supervised: _____		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (_____ hours per _____)	
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties Number of employees you supervised: _____		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (_____ hours per _____)	
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties Number of employees you supervised: _____		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (_____ hours per _____)	



REFERENCES: List three persons who are not related to you who have knowledge of your qualifications for the position for which you are applying, such as former coworkers, teachers, etc. Do not repeat names of supervisors listed under Employment History.

NAME	ADDRESS & EMAIL ADDRESS	BUSINESS OR OCCUPATION	PHONE

I acknowledge that the link provided is a copy of the Employee Rights and Responsibilities under the Family and Medical Leave Act posting with this application. <https://www.wirapids.org/uploads/1/0/3/3/103347874/fmlaen.pdf>

I certify that all statements on my application materials are complete and true to the best of my knowledge. I understand that false statements or omissions of fact shall be sufficient cause for rejection of this application or dismissal, if I am now an employee of the City. I understand that, if I am employed, such employment does not create a contractual obligation upon the City to continue my employment and that I may be terminated, with or without cause and with or without notice, at any time.

All offers of employment will be contingent upon a background check, drug screen, and medical exam. As required by City Ordinance 3.08, sworn law enforcement and fire and emergency personnel shall be required to reside within 30 miles of the boundaries of the City of Wisconsin Rapids within 12 months of their date of hire. Also included in this category are Public Works Director, Public Works Superintendent, and Parks and Recreation Supervisor.

All employees in the above categories shall be required, as a condition of their employment, to continue to reside within the limits stated above, as long as they remain employed by the City.

I grant permission to the City of Wisconsin Rapids to conduct a criminal background and driver record check and investigate my references, to include past employers listed above. I authorize my references and past employers to provide the City of Wisconsin Rapids information which the City deems appropriate. I waive and release the City of Wisconsin Rapids from any potential liability that may result from the disclosure as described above.

If there are any employers listed above whom you do not wish us to contact, please indicate: _____

Signature of Applicant

Date

CONFIDENTIALITY – Candidates for City positions may request confidentiality of their names and application information. However, for those positions identified as “local public offices” by §19.42(7)(w) Wis. Stats., the City cannot maintain requested confidentiality if you are a “final candidate” for the position. Generally, only department head positions are considered “local public offices”. Please contact the Human Resources Department to inquire if the position is considered a local public office.

- I request confidentiality of my name as a candidate for this position.
- I do not request confidentiality of my name as a candidate for this position. Failure to indicate your preference will subject your name for release in accordance with the above statement

Please complete the information below to assist us in evaluating our recruiting method.

I learned of this position through: (check where appropriate)

- City Website
- Indeed
- Social Media (List where: _____)
- Wisconsin Job Center
- Other (List where: _____)