

CITY OF DODGEVILLE

100 E. Fountain St.
Dodgeville, WI 53533

EMPLOYMENT APPLICATION

Position Applied For: _____

Applicants are considered for all positions without regard to race, color, sex, sexual orientation, religion, creed, national origin, ancestry, age, marital or veteran status, disability, handicap or arrest or conviction record.

Date _____

(Please Print)

Name: _____

Address: _____

Telephone: Home _____ Work _____

Email Address: _____

Are you employed now? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

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 been convicted of a crime (do not include minor traffic violations or ordinance violations)?

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

List professional trade, business or community activities and offices held.

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1. _____
- 2. _____
- 3. _____

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma or GED certificate? Yes No

Colleges, military, trades, business or other schools attended:

Name & Location	Course of Study	Dates	Degree/Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses or Certificates you have that indicate specialized skills or training:

Title of License or Certificate	Issuing Agency	Skill Area
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any special skills you have that you would like us to be aware of?

WORK EXPERIENCE

Start with your present or last job. Include intern or volunteer work as well as full-time or part-time employment.

Employer

Address

Your Title

Supervisor's Name & Telephone Number

Duties:

Date of Employment: From _____ to _____.

Reason for Leaving:

Employer

Address

Your Title

Supervisor's Name & Telephone Number

Duties:

Date of Employment: From _____ to _____.

Reason for Leaving:

Employer

Address

Your Title

Supervisor's Name & Telephone Number

Duties:

Date of Employment: From _____ to _____.

Reason for Leaving:

SUPPLEMENTAL QUESTIONS

1) How would you work with the public:

2) How would you manage employees?

3) How would you handle record keeping?

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 Dodgeville to secure my driving record (if position requires driving), transcripts from educational institutional institutions to verify credits/degrees, employment-related information from former employers or 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 Dodgeville; I also understand that refusal to participate will result in the withdrawal of any offer of employment.

Signature _____ Date _____