City of Altoona 1303 Lynn Avenue

1303 Lynn Avenue Altoona, Wisconsin 54720

Ph: 715-839-6092 Fax: 715-839-1800

Employment Application

Fax: 715-839-1800	Position	n Applied For:			
Applicant's Name:La	st	First			Middle
Address:					
Street # Stree	t Name	City		State	Zip
Telephone #:	E-mai	l:		· · · · · · · · · · · · · · · · · · ·	
Social Security #:		Driver's Licens	e #:		
I am legally eligible for emp	ployment in the United State	es of America?	□ Yes □ No	o If yes, v	verification will be required
I will accept full-time work? part-time work? I am of legal age to work?	☐ Yes ☐ No	If necessary for the job, I am able to: work shifts? □ Yes □ No work overtime? □ Yes □ No provide a valid WI Driver's License? □ Yes □ No			
EDUCATION: Attach résumé with educati	on history or list below.	Years Completed	Field of	Study	Graduate or Degree
High School					
College/University					
Business/Technical					
Other (may include grammar school)					
REFERENCES: Attach résumé with four (4)	references -or- list four (4) r	eferences who h	ave knowled	ge of your	work below.
Name /	Address	Telepho	one	Occupati	on Years known
Name A	Address	Telepho	ono.	Occupati	On Vegre known
Name 7	nuuress	Тетерпо	ле	Occupati	on Years known
Name A	Address	Telepho	one	Occupati	on Years known
Name A	Address	Telepho	one	Occupati	on Years known

EMPLOYMENT: Attach résumé with employment history or list below.
List last employment first. Include summer or temporary jobs. Be sure all your experience or employments related to this job are listed. If necessary, you may use an extra sheet of paper.

Employer Name and Address	Position Title/Duties Skills		Dates Employed from to		
	Supervisor's Name:	Telephone:	Reason for leaving		
Employer Name and Address	Position Title/Duties Skills		Dates Employed from to		
	Supervisor's Name:	Telephone:	Reason for leaving		
Employer Name and Address	Position Title/Duties Skills		Dates Employed from to		
	Supervisor's Name:	Telephone:	Reason for leaving		
Employer Name and Address	Position Title/Duties Skills		Dates Employed from to		
	Supervisor's Name:	Telephone:	Reason for leaving		
Summarize other employment related to this job:	I .				
Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair:					
Professional Licenses, Certificates or Registrations:					
Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention:					
In case of accident or illness, please contact: Name	e:	Ph	one:		
Addre	ess:	Re	elationship:		

Please Note: Failure to disclose convictions of all violations of law (including, but not limited to all traffic violations, underage drinking, speeding, and ordinance violations) will disqualify you from further consideration for employment with the City of Altoona.							
Pursuant to City policy, convictions for violations of law will not be an automatic disqualification from employment and will only be considered as it relates to specific jobs.							
Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?							
* If you checked yes, list all: (please us	e additional paper)						
Date & Place (to the best of your recollection)	Nature of Offense	Disposition					
	NOTICE TO APPLICANTS	<u> </u>					
Wisconsin Statutes, Section 19.36(7), 64.09(5), and 64.11(7) require public employers to treat the following items as public record: each applicant's Application, Recommendations, Records, and Qualifications. Except as provided in Section 19.36(7), Wisconsin 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 Human Resources. However, if you become a final candidate for any position within the City of Altoona, your identity may be disclosed.							
APPLICANT TESTING NOTIFICATION							
Applicants with disabilities requiring special accommodations or considerations for any of our testing processes must contact Human Resources prior to the date of the test to inform the City of your request. No considerations will be made after tests have been administered.							
CERTIFICATION STATEMENT (entering your name below certifies the following) I am aware that a thorough investigation of my entire background, which may include, but not be limited to, an investigative credit report, a criminal background check, a driver's license record check, and/or a reference check, may be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Altoona or its agent upon presentation of this or copy thereof. I understand that the background check might be done either before or after an employment decision is reached and, in fact, could conceivably be done on multiple occasions during employment.							
I hereby certify that all information provided in this application is true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment.							
Signature:		Date:					
Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.							