

City of Mauston Employment Application Form
303 Mansion Street, Mauston, WI 53948-1329
Phone: 608-847-6676 Fax: 608-847-5023 e-mail: dianedk@mauston.com
www.mauston.com

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____ Email Address _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at above address: _____ Social Security No. _____ - _____ - _____

Telephone: Home-(____) _____ Cell-(____) _____ Work-(____) _____

If under 18, please list age _____ **NOTE: If hired, a work permit will be required prior to starting duties**

Position applied for: _____
 and salary desired: _____
 (Be specific)

Days/hours available to work	
No Preference	Thurs
Mon	Fri
Tue	Sat
Wed	Sun

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available for work? _____

Are you a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis? No Yes

If applicable, please list your visa type, visa number and expiration date:

		EDUCATION		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No Number _____

State of issue _____ Operator Commercial (CDL) Chauffeur Expiration date _____

What is your means of transportation to work? _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

OFFICE SKILLS

Typing Yes No _____ WPM

Word Processing Yes No _____ WPM

10-key Yes No

Personal Computer Yes No PC Mac

Other Skills

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Multiple horizontal lines for providing additional information.

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			MILITARY		
Branch of Service	Date Entered	Date Discharged	Active or Reserve	Highest Grade	Skill Specialty or Primary Duty

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer Name and Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Name and Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Work experience Continued

Employer Name and Address City, State, Zip Code	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Name and Address City, State, Zip Code	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Are you now, or were you ever employed by the City of Mauston? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what Position? _____ Employment Dates From _____ To _____
Reason for leaving (be specific) _____
List Any relatives employed by or currently holding an appointive or elective position in the City of Mauston _____ _____

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the City of Mauston (hereinafter "City"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the City Administrator/Clerk and Mayor. Both the undersigned and the City may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the City may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City from any liability as a result of such contact.

I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the City, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the City shall be probationary for a period of one hundred eighty (180) days, and further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

Applicant Signature: _____ **Date:** _____

Under the provision so of Section 19.36 Wisconsin State Statutes, I request that my identity as an applicant for employment not be revealed without my consent or until required by law.

Applicant Signature: _____ **Date:** _____

The City of Mauston is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, national origin, religion, sex, sexual orientation, marital status, citizenship, military service membership, age or disability. We assure you that your opportunity for employment with the City of Mauston depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment with the City of Mauston.