

**City of Mauston Employment Application Form**  
**303 Mansion Street, Mauston, WI 53948-1329**  
**Phone: 608-847-6676 Fax: 608-847-5023 e-mail: [dhaugh@mauston.com](mailto:dhaugh@mauston.com)**  
**www.mauston.com**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Page 1 of 5

**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:  
 \_\_\_\_\_

		<b>EDUCATION</b>		
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. \_\_\_\_\_

CITY OF MAUSTON APPLICATION FOR EMPLOYMENT

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.

**CITY OF MAUSTON APPLICATION FOR EMPLOYMENT**

			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	Pay or salary
		From To	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	Pay or salary
		From To	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.			

**CITY OF MAUSTON APPLICATION FOR EMPLOYMENT**

**Work experience**      Continued

Employer Name and Address City, State, Zip Code  Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	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	Pay or salary
		From To	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.			

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 _____ _____
--

CITY OF MAUSTON APPLICATION FOR EMPLOYMENT

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.