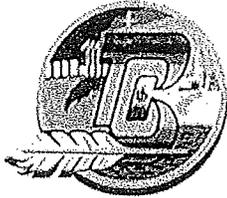


APPLICATION FOR EMPLOYMENT



THE CITY OF
BARRON, WISCONSIN

City of Barron is an equal opportunity employer and does not discriminate against applicants based on any legally protected status.

Name of Applicant: _____
(First) (M.I.) (Last)

Address: _____

City, State, Zip: _____

Telephone Number: _____
(Home/Work) (Cell)

Email: _____ Date of Application: _____

Position Applying For: _____

Full-Time Part-Time Seasonal/Temporary Work Student/Intern

How did you learn about this position? Newspaper Current Employee Walk-In
 Website Internet Friend Other _____

Have you ever been employed by Barron City? Yes No If yes, when _____
Which Department _____ Reason for leaving _____

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Are you at least 18 years of age? Yes No If yes, can you provide required proof of work eligibility? Yes No

Do you have a valid Wisconsin driver's license? Yes No Do you have auto liability insurance? Yes No

Do you have a valid Commercial Driver's License (CDL)? Yes No If yes, list endorsements _____

Do you have a legal right to work in the United States? Yes No **New hires are required to provide documentation of legal right.*

Have you ever been convicted of a felony? Yes No If yes, please explain _____
Conviction will not necessarily disqualify & may be considered only as it relates to the position.

Are you related to any of the employees working for City of Barron? Yes No If yes, provide name of relative(s), department relative works & relationship to you. _____

Have you worked for an employer participating in Wisconsin Retirement System (WRS) prior to 7/1/11? Yes No
If yes, list name(s) of WRS employer(s) & employment dates. _____

Pursuant to CFR 49 Part 40.25, the City must ask applicant's applying for safety sensitive positions (highway truck driver, equipment operator, etc) whether they have tested positive on a pre-employment drug/alcohol test or refused a pre-employment drug/alcohol test during the two years preceding the date of this application.

- Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.
- No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.
- NA, I am not applying for a safety-sensitive position.

Please list the DOT regulated employers that you have worked for during any period of the two years preceding the date of this application. _____

EDUCATIONAL BACKGROUND

	School Name	City/State	Degree(s) Received
High School			
Vocational/Tech College			
College			
Graduate School			

Please list any licenses or certifications you may hold.

EMPLOYMENT HISTORY

Name & Address of Employer	Dates		Job Title and Duties	Salary		Reason for Leaving	Supervisor Name
	<i>From</i>	<i>To</i>		<i>Start</i>	<i>Final</i>		

Please list any other job related skills or experiences in which you feel would qualify you for employment.

ACTIVITIES/ADDITIONAL INFORMATION

List professional, trade, business, or civic activities and/or offices held. You may exclude memberships which would reveal sex, color, ancestry, marital status, race, creed, age, national origin, or any other legally protected status.

PROFESSIONAL REFERENCES

Please do not list anyone that is related to you.

Name	Complete Address	Telephone	Occupation/Relationship

LANGUAGES

	Fluent	Good	Fair
Speak			
Read			
Write			

APPLICANT'S STATEMENT

By signing below, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer(s) may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this completed application is the property of Barron City and will not be returned. I understand Barron City may contact current and prior employers and other references. I understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I understand that I must notify the City of any changes in my name, address, or phone number.

Applicant's Signature

Date