

CITY OF BARRON

City Hall, 1456 E. LaSalle Ave, Barron, WI 54812

APPLICATION FOR EMPLOYMENT

(Use additional pages if necessary)

Please print or type. Answer all questions completely and show clearly that you meet the requirements of the position applied for. The information will be used to determine if your application is accepted. Part or all of your rating will be based on this information.

POSITION APPLIED FOR		☐ FU	LL-TIME	☐ PERI	MANENT
		□PAR	T-TIME	□SEAS	ONAL
NAME (FIRST, MIDDLE, LAST)	PRIMARY PHONE NO.		CELL PHONE NO.		
PRESENT ADDRESS (NUMBER, STREET, CIT				SOCIAL SECURITY NUMBER	
ALL OTHER NAMES BY WHICH YOU HAVE BE	AIDEN NAME)	ARE Y	OU A U.S. C	ITIZEN OR LEGAL ALIEN?	
				YES [□ NO □
NAMES OF RELATIVES EMPLOYED BY THE C	CITY (INDICATE RELATIONS)	HIP)			
COMP	LETE IF APPLICABLE TO TH	IE JOB FOR WHIC	CH YOU AR	E APPLYING	3
DO YOU HAVE A VALID WI DRIVER'S LICENS	E? DO YOU HAVE A VAL	D COMMERCIAL	DRIVER'S I	ICENSE?	TYPING SPEED WPM
☐ YES ☐ NO					
LIST ANY OTHER CURRENT LICENSES, REG	 STRATIONS, OR CERTIFICA	TES YOU WOULD	LIKE THE	CITY TO BE	AWARE OF
EARLIEST DATE AVAILABLE TO START WOR	K:	HOW MANY DA	YS OF WO	RK HAVE Y	OU MISSED IN
					SONAL REASONS?
WERE YOU EVER ASKED TO RESIGN OR WE	REYOU DISCHARGED?	IF SO, THE REA	ASON FOR	YOUR RESI	GNATION/DISCHARGE:
YES NO					
MAY WE CONTACT YOUR PRESENT EMPLOY	LIST SHIFTS YOU ARE AVAILABLE TO WORK:				
YES NO					
HAVE YOU EVER BEEN EMPLOYED BY THE (CITY?				
YES NO IF YES, WHAT POSIT			[DATES:	
WERE YOU IN THE U.S. ARMED FORCES:	IF YES, WHEN?	TYPE OF DISC	HARGE:		
YES NO BRANCH	FROM TO				
HAVE YOU EVER BEEN CONVICTED OF ANY Note: A conviction record will not auto recent it occurred and seriousness of ti will be evaluated carefully.	matically exclude you from em	ployment. Factors	such as ag	e at the time	
IF YES, NATURE OF OFFENSE	DATE OF CONVICTION	NAME AND LO	CATION OF	COURT	

FDUCATION

EDUCATION						
CIRCLE THE HIGHEST GRADE COMPLETED		NAME AND CITY OF HIGH SCHOOL		DID YOU GRADUATE FROM THIS HIGH SCHOOL?		
3 4 5 6 7 8 9 10 11 12/HSED/GED						
TRAINING BEYOND HIGH SCHOOL: (SCHOOLS YOU HAVE ATTENDED.	ECHNICAL OF	R OTHER CIRCLE THE NUMBER OF YEARS BE 1 2 3 4 5 6 7 8				
	DATES AT	ITENDED				
NAME AND LOCATION	FROM	то		MAJOR / FIELD OF STUDY DEGREE EARNED		

EMPLOYMENT Beginning with your PRESENT or most recent employer, list all current and/or previous employers, including self- employment, military **INFORMATION** service, summer and part-time jobs. If you need more space, please continue on the next page. Complete this information even if you provide a resume. All other experience that would qualify you for this position should also be listed

mpany Name Dates Employed (Month & Year from and to		Most current Job Title:		
Address	From:	Work performed:		
State Zip Code	Full-time or Part-time Shift 1 2 3			
Telephone Number	Starting Wage/Salary:	Name/Title of Supervisor	May we contact this employer? Please circle: Yes or No	
Reason For Leaving	Ending Wage/Salary: \$	Previous job title (if any) with this employer:		
		Li i en		
Company Name	Dates Employed (Month & Year from and to) From:	Job Title:		
Address	To:	Work performed:		
State Zip Code	Full-time or Part-time Shift 1 2 3			
Telephone Number	Starting Wage/Salary:	Name/Title of Supervisor	May we contact this employer? Please circle: Yes or No	
Reason For Leaving	Ending Wage/Salary: \$	Previous job title (if any) with this employer:		
	.			
Company Name	Dates Employed (Month & Year from and to)	Job Title:		
Address	From: To:	Work performed:		
State Zip Code	Full-time or Part-time Shift 1 2 3			
Telephone Number	Starting Wage/Salary:	Name/Title of Supervisor	May we contact this employer? Please circle: Yes or No	
Reason For Leaving	Ending Wage/Salary: \$	Previous job title (if any) with	this employer:	

REFERENCES

Please provide the names of three people you either currently work with or previously worked with. For example, a previous or current co-worker and/or a supervisor is recommended. No relatives please.

Name	Phone Number	Relationship	Years Acquainted
	APDI IC	ANT'S STATEMENT	
the best of my knowledge and false or misleading statement deny me employment, or if er not be held liable in any response on this Application for Em I hereby grant permission to that this also includes authori	t the answers given by many the dividing the second of the	ne to the foregoing questions and ons or omissions of any kind. I for each polyment, or ne, up to and including termination erminated because of false state occument. Stigate any of the information income to investigate my background.	d/or statements are true and correct to urther understand that the making of any rany other document, may be used to ion. I agree that the City of Barron shall ements, answers, or omissions made by cluded in this application. I under-stand d, references, employment record, and ekground check and a check of my
driving record. I also authoriz transcripts, records, or docun	e the companies, schools nents requested regardin erwise. I hereby release	s, persons named above or any g my work experience, education said companies, schools, person	third parties to give any information,
clue drug and/or alcohol tests alcohol tests to the City of Ba and that my employment is co	s, and hereby authorize the rron. I understand that in ontingent upon successfurespect to such examinate	ne release of the results of such the future I may be required to all completion of such tests. I und	fer physical examination, which may in- physical examination and drug and/or undergo such examinations and tests derstand and release the City of Barron of Barron harmless for any decision
I understand that if employed in accordance with the Immig			ility for employment in the United States
for Employment does not obli Barron. In the event I am hire benefits and/or compensatior with or without notice, at any representative of the City of E	gate the City of Barron to d, I understand that, unle n is "at-will" and for no de time, at the option of eith tarron has any authority t	o offer me a job, nor does it oblig ess I am covered by a collective finite period and can be terminal er the City of Barron or myself. I	employment for any specific period of
Signature		Date	
THIS APPLICATION IS KEP	T ON FILE FOR A MININ	MUM OF 90 DAYS. IF YOU HA\	VE NOT HEARD FROM US WITHIN AY BE NECESSARY FOR YOU TO RE-
	FOR	R OFFICE USE ONLY	
	_		
Starting Date	Job Title	Wage	Shift

Employee _____ Department____ Approved by:_____

APPLICANT INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

The City of Barron is an equal opportunity employer committed to the employment and advancement of minorities, females, individuals with disabilities and veterans and does not discriminate in hiring or employment based on race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law. No question on this form is intended to be used for such discrimination.

VOLUNTARY: Your completion of this form is voluntary and in no way, affects the decision regarding your employment opportunity. The information you provide is strictly confidential. You may inform the City of your desire to benefit under this program at this time or any time in the future.

Applicant Name (Please Print):	Date:
Position Applied For:	
Please check one: ☐ Male ☐ Female	
Veterans/Disability Category (choose	one)
Vietnam Veteran:	You served on active duty in the armed forces for a period of more than 180 days between August 5, 1964 and May 7, 1975.
Disabled Veteran:	You are entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30% or more, or you are a person whose discharge or release from duty was for a disability incurred or aggravated in the line of duty.
Disabled:	Do you have a record of, or are you regarded as having a physical or mental impairment which substantially limits one or more of your major life activities?
Other Eligible Veteran:	Any veteran who served in a declared war and those veterans who served in a campaign or on an expedition for which a campaign badge, a service metal or expeditionary metal was awarded.
Not Applicable	expeditionally metal was awarded.
Pacial/Ethnic Catagory (choose one)	
Racial/Ethnic Category (choose one)Non-Minority:	White or non-Hispanic origin. All persons having origins in any of the people of Europe, North Africa or the Middle East.
Black:	Not of Hispanic origin. All persons having origins in any black African racial groups
Asian or Pacific Islander:	Origins of either the Far East, Southeast Asia, the India subcontinent, or the Pacific
American Indian or Alaskan	 lands, including China, Japan, Korea, the Philippines and Samoa. All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognitio
Hispanic:	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
Other:	(Please Be Specific)
Deferred Course (shaces and)	
Referral Source (choose one) Walk-In	State Job Service
Employee Referral (Please N Advertisement Government Other (Please Specify)	ame)School/College Employment Agency