

APPLICATION FOR EMPLOYMENT

	Positi	on(s) Applied For	•		·				CC C	
NOTE: PERSONS	SELECT	ED FOR EMPLOYM	ENT MAY BE	FIN	GERPRINTED AN	ID MAY B	E GIVEN A	MEDICAL EXAM	VI. Any offer of	
employment is	continge	nt upon evaluatio	n of data rece	ive	d via fingerprint	check an	d post-off	er medical exar	m.	
Name (Last, First, MI)							Social Security No.			
						loves yo				
A 1.1	er general and a second		City, State	7ir		Н	Home Phone No.			
Address			City, State, Lip							
Email Address:					Ce		Cell Phone No.:			
			1000				- water			
Name and Tele	phone N	o. to notify in case	e of accident of	or e	mergency:					
Did you some in	n the il S	. Armed Forces?	Yes 1	NO	Period of Active	Service				
Did you serve it	T the old	. / (
Branch:					From:	To:		Rank:	Tyes No	
Will you accept	Tempor	ary Work Yes	No Are	you	lawfully autho	rized to w	ork in the	United States?		
ALCONOMIC CONTRACTOR C		ne Work Yes			ing for a Police		Sition, are	artment	Dates of Employmer	
Are you now or	r have yo	ou ever been NO' f Nekoosa? PAS		NO	o If so, give Job	nue	Deb	artinent	Duces of Employmen	
Employed by th	ne City of	Nekoosa? PA			a Valid Driver L	icense?	Yes	No List D.L	. No. and C.D.L. class.:	
Are you under	age 18?	☐ Yes ☐ No	Do you poss	C33	a valid Briye. L					
Are you under	age 10.									
Education		Name of Scho	ool	Ye	ars Completed	Did you g	raduate?	Type of	f Degree/Major	
High School						Yes	No No			
	oleuminem ministra	question of the second		+						
Callogo					☐ Yes ☐ No		s ☐ No			
College							1530			
Other Special	Training:									
Garage Spanner										
Membership ir	n profess	ional organization	is:							
M/hat machine	or offic	ce equipment can	vou operate?	(lis	t equipment an	d how we	Il you ope	rate it.)		
what machine	s or orne	e equipment can	you operate.	(
31						Dert Weet Is a	Salar Salar	* 1 11 1 1 1 1 1 1 1 1	(: 1 (: 2 ()	
			ich relate rea	son	ably to fitness to	o perform	the partic	cular job being	applied for? If yes, give	
details below.			Convictio	n re	cord will not au		iy exclude	you from empi	Penalties	
Date of Offen	se Place			-	Charges		and of shear and an arrangement		Charles	
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IMPORTANT: We need the information requested below to aid us in determining your qualification for the position. It is important that this data be as complete as possible in order that you receive maximum consideration. Please list your present and past full and part-time employment. Use additional sheets if necessary. You may also attach a resume to further explain your qualifications. **Employer** Your title Name, Title, & Phone No. of Supervisor Address of Business Reason for Leaving Your Duties Salary From (Month & Year) To (Month & Year) Number of employees you supervised: hours per Employer Your title Name, Title, & Phone No. of Supervisor Address of Business Reason for Leaving Your Duties Salary From (Month & Year) To (Month & Year) Number of employees you supervised: hours per Employer Your title Name, Title, & Phone No. of Supervisor Address of Business Reason for Leaving Your Duties Salary From (Month & Year) To (Month & Year) Number of employees you supervised: hours per REFERENCES: List three persons who are not related to you who have knowledge of you qualifications for the position for which you are applying, such as former coworkers, teachers, etc. Do no list names of supervisors listed under above Employment History. Name **Business or Occupation** Phone I certify that all statements on my application materials are complete and true to the best of my knowledge. I understand that false statements or omission of fact shall be sufficient cause for rejection of this application or dismissal, if I am now an employee of the City. I understand that, if I am employed, such employment does not create a contractual obligation upon the City to continue my employment and that I may be terminated, with or without cause and with or without notice at any time. The City of Nekoosa is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, or veteran status. I grant permission to the City of Nekoosa to conduct a criminal background and driver record check and investigate my references, to include past employers listed above; and I authorize my references and past employers to provide the City of Nekoosa information which the City deems appropriate. If there are any employers listed above whom you do not wish us to contact, please indicate:

Date

Signature of Applicant