

CITY OF RHINELANDER

Employment Application



APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Shift Available				Desired Salary			
Position you are applying for.						Status/Hours of Work (Check One)	Full-Time	Part-Time	Temporary		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EDUCATION

High School				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have GED equivalent?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						

LIST ALL LICENSES (CDL), REGISTRATIONS OR CERTIFICATES

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LIST ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS, WHICH YOU FEEL ARE RELEVANT TO THE JOB WHICH YOU ARE APPLYING FOR (Include volunteer and school related activities)

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Wisconsin Open Records Law: Under section 19.36(7) of Wisconsin Statutes, the names of the "final candidates" must be open to public inspection. That statute also provides that if an applicant does not want his/her name revealed prior to being a "final candidate" they can do so by making that request in writing. If you do not want your name revealed prior to becoming a "final candidate" please sign here:

Signature	Date
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PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Complete entire application and submit to:
 City Administrator
 Rhinelander City Hall
 135 S. Stevens Street
 Rhinelander, WI 54501