



800 Borner St. Prescott, WI 54021 Phone 715-262-5544

{FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA}

APPLICATION FOR EMPLOYMENT  
 EQUAL OPPORTUNITY EMPLOYER  
 DATE RECEIVED:  
 APPLICATION NO.

We welcome you as an applicant for employment. Your application will be considered for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, religion, national origin, affectional or sexual orientation, marital or veteran status, disability, political affiliations, gender, age, or status with regard to public assistance.

**PLEASE TYPE OR PRINT USING INK**

Title/Kind of work applied for:			Date Available:		
Available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal/Temporary	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Casual
<b>PERSONAL INFORMATION</b>					
LAST NAME		FIRST NAME		MIDDLE NAME	
PRESENT ADDRESS			CITY		STATE ZIP CODE
CELLULAR OR MOBILE PHONE NUMBER ( )					
HOME TELEPHONE NUMBER  ( )		WORK TELEPHONE NUMBER  ( )		BEST TIME TO CALL	
EMAIL ADDRESS:					

Data Practices Advisory

As an applicant for employment with the City of Prescott, I have voluntarily supplied true and complete data about myself which may be public and/or private in nature. I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I further understand that this information will be used by the City of Prescott to aid in the determination of my suitability for employment.

I, therefore, waive my right to claim and hereby agree to hold harmless the City of Prescott and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

It is understood and acknowledged that, unless otherwise defined by applicable law, labor union contract or other written agreement, 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 authorize investigation of all statements contained in this application (and accompanying resume, if any). I understand that the misrepresentation, or the omission of facts called for, will result in immediate termination or disqualification.

\_\_\_\_\_  
Signature Date

Have you ever worked for the City of Prescott before?  Yes  No If yes, give date(s) \_\_\_\_\_

Are you legally eligible to work in the United States in the position for which you are applying?  
(Proof of citizenship or work eligibility will be required as a condition of employment.)  Yes  No

Do any of your immediate family members (spouse, children, siblings, parents, grandparents, aunts, uncles, nephews, nieces or grandchildren) work for the City of Prescott?  Yes  No  
If yes, his/her name and department \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

If "No," list reason here \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Are you a Veteran of the Armed Forces of the United States?  Yes  No

If yes, Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS IF NECESSARY**  
**(Application MUST BE COMPLETED - Do Not Say "See Resume")**

Are you capable of adequately performing the essential functions of the position as described in the job description?

Yes       No      If No, the City will provide reasonable accommodation within the limits prescribed by law.

**EDUCATIONAL INFORMATION**

CIRCLE HIGHEST GRADE COMPLETED      GRADE SCHOOL 1 2 3 4 5 6 7 8      HIGH SCHOOL 9 10 11 12      COLLEGE 13 14 15 16      POST GRADUATE 1 2 MA PHD

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED?       YES       NO

NAME AND ADDRESS OF HIGH SCHOOL OR GED INSTITUTION (TEST SITE):

TYPE SCHOOL	NAME & MAILING ADDRESS OF SCHOOL	SCHOOL PHONE NUMBER	MAJOR	DEGREE
COLLEGE/ UNIVERSITY				YES NO
COLLEGE/ UNIVERSITY				YES NO
GRADUATE				YES NO
TECHNICAL				YES NO
TECHNICAL				YES NO
OTHER				YES NO
HONORS AWARDS				YES NO

LIST ANY CORRESPONDENCE COURSES, SPECIAL COURSES, SEMINARS, WORKSHOPS, TRAINING SESSIONS, LICENSES OR CERTIFICATES THAT RELATE TO THE POSITION APPLIED FOR.

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Personal Typing Skills

Keyboarding speed WPM	10 Key Calculator <input type="checkbox"/> Yes <input type="checkbox"/> No	Shorthand <input type="checkbox"/> Yes <input type="checkbox"/> No	Speed
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Personal Computer Skills <input type="checkbox"/> Word Processing	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Graphics	<input type="checkbox"/> Programming	<input type="checkbox"/> Other
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Please identify Software Program Proficiencies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST ANY PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD THAT ARE JOB RELEVANT. *(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other legally protected status.)*

	ORGANIZATION & PHONE NUMBER	HOURS PER MONTH	SKILLS LEARNED
1.			
2.			
3.			

**SPECIAL SKILLS AND QUALIFICATIONS**

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER APPLICABLE EXPERIENCE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## REFERENCES

GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

	NAME	ADDRESS	TELEPHONE
1.			
2.			
3.			

## EMPLOYMENT EXPERIENCE

LIST A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE, GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST. APPLICANTS MUST IDENTIFY ALL JOB-RELEVANT EXPERIENCES. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS OR UNPAID VOLUNTEER/INTERNSHIP EXPERIENCES. PLEASE USE ADDITIONAL SHEETS IF NECESSARY

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number & Title of positions

reporting to you: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Employment

From: \_\_\_\_\_

month                      year

To: \_\_\_\_\_

month                      year

Total: \_\_\_\_\_

years                      months

Hours per week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

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2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number & Title of positions

reporting to you: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

Length of Employment

From: \_\_\_\_\_

month year

To: \_\_\_\_\_

month year

Total: \_\_\_\_\_

years months

Hours per week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number & Title of positions

reporting to you: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

Length of Employment

From: \_\_\_\_\_

month year

To: \_\_\_\_\_

month year

Total: \_\_\_\_\_

years months

Hours per week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS IF NECESSARY**  
**(Application MUST BE COMPLETED - Do Not Say "See Resume")**

4. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number & Title of positions

reporting to you: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

Length of Employment

From: \_\_\_\_\_  
month year

To: \_\_\_\_\_  
month year

Total: \_\_\_\_\_  
years months

Hours per week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

5. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number & Title of positions

reporting to you: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

Length of Employment

From: \_\_\_\_\_  
month year

To: \_\_\_\_\_  
month year

Total: \_\_\_\_\_  
years months

Hours per week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

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