City of Richland Center and Municipal Utilities

450 South Main Street Richland Center. Wisconsin USA 53581

Employment Application

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The CITY OF RICHLAND CENTER is firmly committed to providing equal employment opportunity in all phases of employment activity, without regard to race, color, national origin, religion, sex, age, disability, veteran status, sexual preference, marital status, or any other status protected by relevant statute or ordinance.

Section A: Personal Information						
LastNama		F		NAC-L-II-		Data
Last Name		First		Middle		Date
					I	
Street Address					Home Telephor	ie
					() -	
City, State, Zip					Business Telephone	
e-mail address:					() -	
Have you ever applied for employment with CITY OF RICHLAND CENTER?						
☐ Yes ☐ No If Yes: Month & Year Location						
Position Desired:		Sala	Salary Desired:		Are you of the legal age to work? Yes No	
Are you available for full-time work? Yes No Will you work overtime if asked? Yes No						
If not, what hours can you work?						
When will you be available to begin work?						
Are you willing to travel if the job requires it? Yes No Are you willing to relocate? Yes No						
Are you legally eligible for employment in the United States? Yes No Proof of U.S. Citizenship or immigration status will be required upon employment.						
Section B: Education and Experience Information Name and Location (City, Course of Study, No. of Yrs Did You Degree/Diploma						
Level of Schooling	State) of School		Course of Study	Completed	Graduate?	Year Obtained
Graduate						
Undergraduate						
Business/Trade/ Technical						
High School						
Membership in Job-Related Professional or Civic Organizations (Exclude those which may disclose personal affiliations)						
Military Experience Have you been in the Military: Yes No If Yes, What Branch?						
Describe Training Po	lative to Desired	Position:				
Describe Training Relative to Desired Position:						

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Employment Application Rev. 3, 6/1/20 Page 2 of 3 **Previous Employment** (Please give complete full-time and part-time employment record beginning with present or most recent employer. Use a separate page if necessary). Company Name Name of Supervisor Address Telephone Employed (month and year): Start Last From To Annual Incentive/Bonus/Other: State Job Title and Describe Your Work: Reason for Leaving: May we contact this employer? ☐ Yes □ No If No, Please State Reason: Company Name Name of Supervisor Address Telephone () Employed (month and year): Start Last Annual Incentive/Bonus/Other: From To State Job Title and Describe Your Work: Reason for Leaving: May we contact this employer? ☐ Yes □ No If No, Please State Reason: Company Name Name of Supervisor Address Telephone () Employed (month and year): Start Last From To Annual Incentive/Bonus/Other: State Job Title and Describe Your Work: Reason for Leaving: May we contact this employer? □ No If No, Please State Reason: ☐ Yes Company Name Name of Supervisor Address Telephone (Employed (month and year): Start Last From To Annual Incentive/Bonus/Other:

Reason for Leaving:

State Job Title and Describe Your Work:

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Employment Application Rev. 3, 6/1/20 Page 3 of 3 May we contact this employer? ☐ Yes □ No If No, Please State Reason: Additional Special Training or Skills (including classes, languages, machine operation, etc.) Section C: Miscellaneous Information Have you ever received a government security clearance? □ Yes No If Yes, state employer name, government agency and clearance level. Have you been convicted of a crime (felony or misdemeanor) in the past ten years which has not been "sealed," expunged, or otherwise stricken from the court record? Yes □No If Yes, describe in full. (Conviction will not necessarily disqualify an applicant) State names of relatives and friends working for City of Richland Center. How did you hear about the position? Website Referral Other ■ Newspaper (name) Professional References (Not employers or relatives) Name Phone (Name Phone (Name Phone (ATTESTMENT: My signature below constitutes full acceptance of this employment application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge. I hereby authorize my present and past employers and educational institutions/providers to release to City of Richland Center information about my employment or educational history which is in their possession or subject to their control, including information contained in my personnel file. If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference checks satisfactory to CITY OF RICHLAND CENTER. If I am employed, I understand that if I have deliberately omitted or given false or misleading information in this application, my resume (if any), or interview(s) I may be discharged. If CITY OF RICHLAND CENTER accepts me for employment, I agree to abide by all of City of Richland Center's policies and practices during my employment. If I am employed, I understand that I will be required to sign agreements regarding secrecy of communications and inventions, discoveries, or developments that make, discover, or develop during my employment at CITY OF RICHLAND CENTER. In accordance with City of Richland Center's policy to maintain a drug-free workplace, CITY OF RICHLAND CENTER reserves the right to make an offer of employment contingent upon an applicant submitting to a drug test and receiving a negative drug test result. I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986. The information provided in this application, in my resume, and related employment documents, is true, correct, and complete. If employed, any misstatement or omission of fact on these documents may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Printed Name

Date

Signature