

# City of Richland Center and Municipal Utilities

450 South Main Street  
Richland Center, Wisconsin USA 53581

## Employment Application

Rev. 3, 6/1/20 Page 1 of 4

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			
Last Name	First	Middle	Date
Street Address			Home Telephone
			(    )    -
City, State, Zip			Business Telephone
e-mail address:			(    )    -

Have you ever applied for employment with CITY OF RICHLAND CENTER?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes: Month & Year    Location	

Position Desired:	Salary Desired:	Are you of the legal age to work?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If not, what hours can you work?</i>	
When will you be available to begin work?	
Are you willing to travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Proof of U.S. Citizenship or immigration status will be required upon employment.</i>	

Section B: Education and Experience Information					
Level of Schooling	Name and Location (City, State) of School	Course of Study	No. of Yrs Completed	Did You Graduate?	Degree/Diploma Year Obtained
Graduate					
Undergraduate					
Business/Trade/Technical					
High School					
<b>Membership in Job-Related Professional or Civic Organizations</b> <i>(Exclude those which may disclose personal affiliations)</i>					
<b>Military Experience</b> Have you been in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, What Branch?					
Describe Training Relative to Desired Position:					

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Rev. 3, 6/1/20 Page 2 of 4

<b>Previous Employment</b>			
(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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	

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Rev. 3, 6/1/20 Page 3 of 4

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	

<b>Additional Special Training or Skills</b> (including classes, languages, machine operation, etc.)

<b>Section C: Miscellaneous Information</b>
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Have you ever received a government security clearance? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
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*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? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
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*If Yes, describe in full.*  
(Conviction will not necessarily disqualify an applicant)

State names of relatives and friends working for City of Richland Center.
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How did you hear about the position? <input type="checkbox"/> Newspaper (name) <input type="checkbox"/> Website <input type="checkbox"/> Referral <input type="checkbox"/> Other
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<b>Professional References (Not employers or relatives)</b>	
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.

Signature	Printed Name	Date

City of Richland Center  
Parks, Recreation & Grounds Department  
Supplemental Application

**Do you hold a current:**

Community First Aid / Safety Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPR Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifeguard Training Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WSI Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**I am interested in:**

Youth Sports Coordinator / Coach	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pool Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifeguard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Are you available to work:**                       Full Time                       Part Time

**Any additional Comments:**