

CITY OF MIDDLETON

Employment Application



To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- Incomplete applications MAY NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume".
- DATE and SIGN this application.
- Please list a minimum of ten years' prior experience and education.
- Please complete this application in blue or black ink. Do not type.
- You are not required to furnish any information, which is prohibited by federal, state or local law.

APPLICANT INFORMATION									
Last Name			First			M.I.	Date		
Street Address					Apartment/Unit #				
City			State		ZIP				
Phone			E-mail Address						
Date Available						Desired Salary			
Position(s) Applied for									
Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>				Are you authorized to obtain lawful employment in this Country? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Are you 18 yrs or older? YES <input type="checkbox"/> NO <input type="checkbox"/>				Have you ever been employed by the City of Middleton? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever plead guilty or been convicted of a misdemeanor or felony?						YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, provide further information as to offense(s), date, location, etc.									
*If the job you are applying for requires you to operate a motor vehicle, include traffic violations. The City will consider your record only as it may substantially relate to the job for which you are applying.									
Do you possess a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>				Do you possess a Commercial Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Do you possess any other License? YES <input type="checkbox"/> NO <input type="checkbox"/> Type: _____				Type/Class _____					
EDUCATION									
High School			Address						
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address						
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address						
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Military Service					Rank at Discharge				
Type of Discharge					If other than honorable, explain				

PREVIOUS EMPLOYMENT

You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience.

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Number of employees you supervise: _____
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Reason for Leaving	Were you involuntarily discharged? YES <input type="checkbox"/> NO <input type="checkbox"/>
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Company	Phone ()
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
-----------	--------------------	------------------

Responsibilities

From	To	Number of employees you supervise: _____
------	----	--

Reason for Leaving	Were you involuntarily discharged? YES <input type="checkbox"/> NO <input type="checkbox"/>
--------------------	---

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Company	Phone ()
---------	-----------

Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
-----------	--------------------	------------------

Responsibilities

From	To	Number of employees you supervise: _____
------	----	--

Reason for Leaving	Were you involuntarily discharged? YES <input type="checkbox"/> NO <input type="checkbox"/>
--------------------	---

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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SPECIAL SKILLS & QUALIFICATIONS

Experience transcribing mechanically –recorded material? YES NO Typing Speed (if known): _____WPM
 Experience using a 10-key adding machine? YES NO _____KPM

List any additional office equipment which you can operate skillfully: _____

List all computer software you can operate skillfully: _____

Foreign Language (spoken or read proficiency) _____

APPLICABLE KNOWLEDGE & SKILLS

REFERENCES – PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

_____ I authorize any person contacted to provide the City of Middleton any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of Middleton to request employment records from my present and/or former employer(s). I release and hold harmless the City of Middleton, their officers, agents and employees, and the person (s) providing the information from any liability related to the providing of this information.

Initial:

_____ I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the City of Middleton. I consent freely and voluntarily to participant in required drug tests and/or a pre-employment physical exam at a location selected by the City of Middleton, and consent to the release of the test results to the City of Middleton. I hereby release and hold harmless the City of Middleton, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

_____ I authorize the City of Middleton, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Middleton, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of Middleton only if it substantially releases to the position applied for.

Initial:

_____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Middleton reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial:

_____ I agree to use such personal protective equipment and devices as may be required by the City of Middleton and to comply with safety rules and requirements. In addition, I understand that the City of Middleton maintains a workplace free from drugs, harassment and violence.

Initial:

_____ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the City of Middleton has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice – Wisconsin Open Records Law: Under Section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" must be open to public inspection. The 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 a separate request in writing.

City of Middleton is committed to the equality of opportunity for all people. It is the policy of the City of Middleton to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

Signature

Date

PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION

City of Middleton
Recruitment Information



This form is not part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for City employment.

They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's/Village's Affirmative Action efforts. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

PLEASE PRINT OR TYPE

1. NAME: _____
Last First M.I.

2. ADDRESS: _____

3. POSITION(S) APPLYING FOR: _____

4. RACIAL/ETHNIC GROUP: How do you describe yourself in terms of the following groups?

- _____ A. **White, not of Hispanic origin:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- _____ B. **Black/African American or African:** A person having origins of any of the black racial groups of Africa.
- _____ C. **American Indian or Alaska Native:** A person descending from any of the original peoples of North, South or Central America, and who maintain tribal affiliation or community attachment..
- _____ D. **Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.
- _____ E. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ F. **More Than One Race:** A person designating more than one of the racial groups above.
- _____ F. **Hispanic/Latino Ethnicity:** A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.

5. GENDER: _____ Male _____ Female

6. RECRUITMENT: How did you hear about the job in which you are most interested (Check only one)?

- _____ A. City/Village Newspaper
- _____ B. Another Newspaper (which one: _____).
- _____ C. Professional Journal (which one: _____).
- _____ D. Job Interest Card
- _____ E. Bulletin Board (where: _____).
- _____ F. Word of mouth: _____.
- _____ G. Internet (which website: _____).
- _____ H. Radio (which station: _____).
- _____ I. City/Village Jobline
- _____ J. Open Position List
- _____ K. Other (explain: _____).

7. VETERAN STATUS: Please check one.

- _____ A. Veteran: Branch of service: _____ and years: _____
Type of Discharge: _____
- _____ B. Active Reserves
- _____ C. None

8. DISABILITY STATUS: The Americans with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or who is regarded as having such an impairment." Based on this definition, are you an individual with a disability? _____ Yes _____ No