

# City of New Richmond

156 EAST FIRST STREET  
ST. CROIX COUNTY  
NEW RICHMOND, WISCONSIN 54017  
(715) 246-4268

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position Applied For				Date of Application	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Home Phone Number	Work Phone Number		Cell Phone Number	E-mail address	

Are you 18 years or older?    Yes    No

### EDUCATION

Date available for employment: \_\_\_\_\_

Did you graduate from high school or complete a GED? \_\_\_\_\_  
Where?

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING?

Regular Full-time                      Temporary Full-time  
Regular Part-time                      Temporary Part-time

What was the last grade completed \_\_\_\_\_

7 8 9 10 11 12 / 13 14 15 16 17 18 19 20 +

MAY WE CONTACT YOUR PRESENT EMPLOYER?    Yes    No

High School    College/Post High School

MAY WE CONTACT YOUR FORMER EMPLOYER?    Yes    No

NAME AND LOCATION OF COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	QUARTER SEMESTER	TYPE DEGREE	DATE RECEIVED	MAJOR SUBJECT	MINOR SUBJECT
NAME AND LOCATION OF BUSINESS, TRADE TECHNICAL, OR VOCATIONAL SCHOOL	FULL-TIME	PART-TIME	HOURS/WEEK	SUBJECT DATE RECEIVED	CERTIFICATION

### Honors Received:

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## Employment Experience

Start with your present or most recent job. Indicate each promotional level of employment in a separate block even if it was with the same company/agency. Provide a complete description of all qualifying experience. Account for all your time.

Employing Firm	Address	
Position	Supervisor	Telephone#
Major Duties: _____ % of TIME _____		LENGTH OF EMPLOYMENT
1. _____		FROM _____
2. _____		Month                      Year
3. _____		TO _____
4. _____		Month                      Year
5. _____		TOTAL _____
Number of people you supervised: _____ Reason for leaving: _____		Years, Months
Machines/equipment you used: _____		Hrs/Week _____
		Start Salary _____
		Last Salary _____

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Machines/equipment you used: _____		Hrs/Week _____
		Start Salary _____
		Last Salary _____

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**ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.**

**LIST APPROPRIATE CERTIFICATES, REGISTRATIONS OR OCCUPATIONAL LICENSES:**

**CLASS**

**NUMBER**

**EXPIRATION DATE**

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If the position requires a driver's license per the employment standards in the job description, please provide:

Drivers license number: \_\_\_\_\_ Class: \_\_\_\_\_

Have you had any moving violations in the past five (5) years      Yes      No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted for a violation of the law OTHER THAN a minor traffic ticket(s)

Yes      No

If yes, provide details. (Non-job related convictions do not disqualify you from employment.)

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Your signature on this application form authorizes release of your driving record to determine your employment eligibility:

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**LIST VOLUNTEER AND UNPAID WORK EXPERIENCE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:**

Organization \_\_\_\_\_

Type of Work \_\_\_\_\_

Hours/Week \_\_\_\_\_ How Long \_\_\_\_\_

Organization \_\_\_\_\_

Type of Work \_\_\_\_\_

Hours/Week \_\_\_\_\_ How Long \_\_\_\_\_

**PLEASE LIST SPECIAL SKILLS RELATED TO THE WORK FOR WHICH YOU ARE APPLYING.**

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### Activities

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

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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.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## Applicant's Statement

**I certify that answers given herein are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**This application for employment may be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.**

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.**

\_\_\_\_\_  
NAME (LAST, FIRST)

TODAY'S DATE: \_\_\_\_\_

THE CITY OF NEW RICHMOND IS AN EQUAL OPPORTUNITY EMPLOYER

#### Policy Statement

It is the official policy of the City of New Richmond to provide equal employment opportunities for all qualified and qualifiable persons without regard to race, color, religious or political affiliation, sex, age, disability, sexual preference, arrest/conviction record, marital status, national origin, ancestry, or any other non-merit factors except where age, sex, or physical requirements constitute bona fide occupational qualification. This policy is applicable to all phases of employment, including but not limited to Job and placement procedures, testing, training, layoff and recall, disciplinary action, termination, and all other personnel procedures. In short, all employment decisions will be made in accord with the principles of equal employment opportunity by imposing only valid requirements for hiring and promotional opportunities.

# Background Check Form

Date: \_\_\_\_\_

This form is to be used for the purpose of conducting a background check for employment for the City of New Richmond.

Full Name of Applicant:

\_\_\_\_\_

First

Middle

Last

Date of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize the New Richmond Police Department and or its officers to release information relative to me for purpose of a background check for employment for the City of New Richmond.

This authorization is good from \_\_\_\_\_ to \_\_\_\_\_.