

# APPLICATION FOR EMPLOYMENT

CITY OF HARTFORD  
109 N. Main Street  
HARTFORD, WI 53027-1591

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For	Date of Application
How Did you Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work  Yes  No

Have you ever filed an application with the City before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with the City before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

License No. \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



EDUCATION					
Name of School	Location	Dates From                      To		Major Course of Study	Degree, Diploma, or Credits Earned
High Schools					
College					
Graduate School					

**List professional, trade, business or civic activities and offices held.** (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

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**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.                       Yes                       No

## Military Service

Branch of service

Dates of service

Duties/special training

## Employment History

Begin with most recent employer. Attach additional sheet if needed.

1. Employer

Dates of employment

Address

City

State

Zip code

Phone ( )

Beginning salary

Ending salary

Title/duties

Supervisor's Name

Why did you leave?

2. Employer

Dates of employment

Address

City

State

Zip code

Phone ( )

Beginning salary

Ending salary

Title/duties

Supervisor's Name

Why did you leave?

3. Employer

Dates of employment

Address

City

State

Zip code

Phone ( )

Beginning salary

Ending salary

Title/duties

Supervisor's Name

Why did you leave?

It is the policy of the City of Hartford to maintain a work place that is free from the effects of drug abuse. Preplacement urine drug screens shall be performed on any applicant receiving a job offer from the City of Hartford. Receipt of a verified positive drug screen shall result in the City of Hartford rescinding the offer of employment and shall preclude the applicant from re-application for a period of two years.

## 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 and information contained in this application for employment as may be necessary in arriving at an employment decision including a City background check.

This application for employment shall be considered active for a period of time not to exceed 60 days. 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, an 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.

I hereby also acknowledge that as a prerequisite to employment, I understand that preplacement drug screens shall be performed on any applicant receiving a job offer from the City of Hartford as outlined above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date