



APPLICATION FOR EMPLOYMENT

CITY OF HARTFORD

109 North Main Street, Hartford, WI 53027

(262) 673-8204 Fax (262) 673-8218

APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS:

1. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete application may prohibit you from proceeding in the evaluation process for this position.
2. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal.
3. Date and sign the application on page 4.
4. Keep a copy of the application for your files.
5. Submit completed application to the City Administrator's Office at the address above.

Position Applying For: _____ **Date of Application:** _____

Last Name	First Name	Middle Name	Social Security Number (voluntary)	
Address			City	State
				Zip Code
Home Telephone Number	Cell Phone Number	E-Mail Address		

Best time of day to contact you is _____. Home Cell Date available for work: _____

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

Have you ever been employed with us before? (If Yes, give date _____) Yes No

Do any of your relatives or members of your family work here? Yes No

Are you currently employed? Yes No

We may contact your past employers. 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.

What is your desired salary range? _____ — _____

Are you available to work Full Time
 Part-Time (please indicate mornings, afternoon, evenings)
 Temporary (please indicate dates available _____ — _____)

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

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, give explanation: _____

(A conviction will not be an automatic bar to employment and will be considered only as it relates to the job in question)

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Did You Graduate?	List Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/ Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List Licenses or Certifications Held	Class	Number	Expiration Date
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Describe any specialized training, apprenticeship, skills, and extra-curricular activities (equipment operated, software, wpm, etc.)

Describe any job-related training received in the United States military

Volunteer or civic activities

EMPLOYMENT EXPERIENCE

Start with your present or last job. Do not write "See Resume"

Employer	Supervisor's Name / Phone Number	
Address, City & State	Your Job Title	Current Rate of Pay
Your Duties	Dates Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Reason for leaving or considering change	

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Employer	Supervisor's Name / Phone Number	
Address, City & State	Your Job Title	Current Rate of Pay
Your Duties	Dates Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Reason for leaving or considering change	

Have you ever been discharged or asked to resign from any position? Yes No

If Yes, please explain:

What is your primary interest in applying for this job?

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application

(DO NOT ANSWER 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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

References (not former supervisors or relatives)

Name	Address	Telephone Number

Applicant’s Statement

I certify that answers given herein are true and complete.

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 shall be considered active for a period of time not to exceed 45 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, any employment relationship with the City of Hartford is of an “at will” nature, which means that the Employee may resign at any time and the City of Hartford 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 the City of Hartford.

Employee must file all employment-related claims within six months and waive any contrary statute of limitations.

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

Signature of Applicant

Date

All qualified applicants will receive equal consideration for employment without regard to race, color, religion, sex, national origin, age, marital status, status as a veteran, presence of a disability, or sexual preference. The City of Hartford complies with all applicable state and federal employment laws.