

CITY OF VIROQUA - APPLICATION FOR EMPLOYMENT

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.

(PLEASE PRINT)

| | |
|-------------------------|---------------------|
| Position(s) applied for | Date of application |
|-------------------------|---------------------|

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

Have you ever filed an application with us before? yes no

If yes, give date _____

Have you ever been employed with us before? yes no

If yes, give date _____

Are you currently employed? yes no

May we contact your present employer? yes no

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need more, room please continue on a separate piece of paper.

| | | | |
|---------------------|--------------------|-------|----------------|
| Employer | dates employed | | work performed |
| Address | from | to | |
| Telephone number(s) | hourly rate/salary | | |
| Job Title | Supervisor | start | final |
| Reason for leaving | | | |
| Employer | dates employed | | |
| Address | from | to | |
| Telephone number(s) | hourly rate/salary | | |
| Job Title | Supervisor | start | final |
| Reason for leaving | | | |
| Employer | dates employed | | |
| Address | from | to | |
| Telephone number(s) | hourly rate/salary | | |
| Job Title | Supervisor | start | final |
| Reason for leaving | | | |
| Employer | dates employed | | |
| Address | from | to | |
| Telephone number(s) | hourly rate/salary | | |
| Job Title | Supervisor | start | final |
| Reason for leaving | | | |

EDUCATION

| | Name and address of school | Course of study | Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Technical School | | | | |
| Other (specify) | | | | |

Describe any specialized training, apprenticeship and/or skills.

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

ADDITIONAL INFORMATION

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

State additional information you feel may be helpful in considering your application.

REFERENCES - Applicants must include last employment references.

| | | |
|----|---------|---------|
| 1. | _____ | _____ |
| | name | phone # |
| | _____ | |
| | address | |
| 2. | _____ | _____ |
| | name | phone # |
| | _____ | |
| | address | |
| 3. | _____ | _____ |
| | name | phone # |
| | _____ | |
| | address | |

Applicants Signature

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Viroqua Police Department
Employing Agency
or other authorized representative thereof bearing this release to obtain information and records, within
one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize _____
Employing Agency
as a prospective employer, to obtain the above information. It is understood that said information shall be
used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature