

OFFICE – PROFESSIONAL – MANAGEMENT  
**APPLICATION FOR EMPLOYMENT**  
**City of Chippewa Falls, Wisconsin**  
**30 W. Central Street**  
**Chippewa Falls, WI 54729**

The City of Chippewa Falls, Wisconsin is an equal employment opportunity and affirmative action employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, gender, national origin, ancestry, veteran status, marital status, sexual orientation or the presence of any non-job-related medical condition or disability, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Please contact Lynne Bauer at (715) 726-2765 if you need an accommodation to participate in the application process.

**PLEASE PRINT!**

POSITION APPLIED FOR: \_\_\_\_\_  
Date Available to Start Work: \_\_\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Street Address City State Zip  
Daytime Phone: Evening Phone: Cell Phone: E-mail:  
( ) ( ) ( )

**GENERAL INFORMATION**

1. Have you ever applied for a job with The City of Chippewa Falls in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name.  Yes  No
2. Have you ever been employed by The City of Chippewa Falls in the past? If yes, please give dates of employment, position held, and state your name while employed if different from present name.  Yes  No
3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? (See attached job description) If no, please explain:  Yes  No
4. Do you have any commitments to another employer that might affect your availability for employment with our company? (i.e. on layoff) If yes, please explain:  Yes  No
5. If hired, can you furnish proof that you are at least 18 years of age and that you are eligible to work in the United States? If no, please explain:  Yes  No
6. Do you now, or will you in the future, require The City of Chippewa Falls to sponsor an employment visa for your continued employment?  Yes  No

7. Have you been convicted of a felony or misdemeanor, or released from prison in the past 10 years? **Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.** If yes, please explain: \_\_Yes \_\_No
8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? **Note: A yes answer will not automatically disqualify you from employment.** If yes, please explain: \_\_Yes \_\_No
9. Are you able to perform the tasks listed on the enclosed/attached job description with or without an accommodation? \_\_Yes \_\_No
10. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job? \_\_Yes \_\_No
11. Do you have a relative currently employed by the City of Chippewa Falls? (Relative means spouse, son, daughter, stepchild, father, mother, stepparent, brother, sister, grandparent, father-in-law, mother-in-law, brother-in-law, or sister-in-law) \_\_Yes \_\_No  
**If yes, please identify:** \_\_\_\_\_

### EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS/TRAINING				

Please provide below any additional information you believe would be of value in considering you for employment. Include and JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended:

**EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS**  
**ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RESUME IS INCLUDED**

Present or Last Employer – Company Name:	Dates of Employment      From:                      To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	May We Contact?      ___ Yes      ___ No <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment      From:                      To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment      From:                      To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment      From:                      To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other



**RESIDENCE HISTORY - PRESENT & FORMER RESIDENCES**  
**ATTACH ADDITIONAL SHEET IF NECESSARY**

<b>Present or Last Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>

<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>

<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence    From:                      To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>