

# City of Eagle River

525 E. Maple Street • P.O. Box 1269  
Eagle River • WI 54521

## JOB APPLICATION FORM (Pre-employment Questionnaire)

*An Equal Opportunity Employer*

Print clearly in black or blue ink and answer all questions.

### POSITION / AVAILABILITY:

Position Applied For: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Have you worked for the City of Eagle River before?  Yes  No

(If yes, when & where?) \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_

### PERSONAL INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No

Are you a Citizen of the United States?  Yes  No

If you are under age 18, do you have an employment/age certificates?  Yes  No

Have you been convicted of or pleaded no contest to a felony within the last five years?  Yes  No

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

Do you possess a CDL?  Yes  No (If yes, please list endorsement(s)): \_\_\_\_\_

Was your license ever suspended or revoked?  Yes  No (If yes, give details): \_\_\_\_\_

Have your driving privileges every been restricted?  Yes  No (If yes, give details): \_\_\_\_\_

Was your license ever restored?  Yes  No (When?): \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_

**EDUCATION:**

Name & location of school (High school and higher education institutions)	Degree/Diploma	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any applicable journey licenses, State/Federal certifications, CDL, or special trade skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**US Military Service**     Former Active Duty     Current Guard/Reserves     Former Guard/Reserves

**Branch:** \_\_\_\_\_ **From/To:** \_\_\_\_\_ **Type Discharge:** \_\_\_\_\_

**EMPLOYMENT HISTORY (past ten years):**

Present/Last Position-Title: _____	From: _____	To: _____
Employer: _____	Phone: _____	
Address: _____	E-Mail: _____	
Supervisor: _____		
Responsibilities: _____		
Salary: _____	Reason for Leaving: _____	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Position-Title: _____	From: _____	To: _____
Employer: _____	Phone: _____	
Address: _____	E-Mail: _____	
Supervisor: _____		
Responsibilities: _____		
Salary: _____	Reason for Leaving: _____	
May we contact your previous employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EMPLOYMENT HISTORY Continued:**

Previous Position-Title: _____	From: _____	To: _____
Employer: _____	Phone: _____	
Address: _____	E-Mail: _____	
Supervisor: _____		
Responsibilities: _____		
Salary: _____	Reason for Leaving: _____	
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Position-Title: _____	From: _____	To: _____
Employer: _____	Phone: _____	
Address: _____	E-Mail: _____	
Supervisor: _____		
Responsibilities: _____		
Salary: _____	Reason for Leaving: _____	
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**REFERENCES:**

Name/Title	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that if I am employed, false or omitted statements on this application shall be grounds for dismissal.

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

Note: You may attach a RESUME or VITA to supplement this application. Additional sheets may be used for Education, Applicable Skills, and Employment History. Please limit narratives and attachments.

# Security Background Check

NOTICE TO APPLICANTS: Prior to an offer of employment being extended, a thorough background check, including a criminal record check and/or credit check, may be conducted. Credit checks are conducted for positions that handle funds, have access to personal property or certain other positions. Upon a job offer being extended and accepted, candidates are required to participate in a medical screening and drug test to employment.

Full Name: \_\_\_\_\_ alias/aka \_\_\_\_\_

Current Address: \_\_\_\_\_ Primary Telephone \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you been convicted of a felony?     Yes    No            If yes, give details: \_\_\_\_\_

Have you ever been placed on probation?     Yes    No            If yes, give details: \_\_\_\_\_

I authorize the City of Eagle River to obtain any information regarding my employment, together with any information regarding me, whether or not it is in my records. I hereby release the City from any change whatsoever for issuing same. I understand that criminal records check, credit check and related checks will be conducted.

This application is not an offer of employment nor should it lead to an expectation of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_