



Position Applied For: _____	
For positions requiring driving only:	
Do you possess a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a valid Commercial Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type/Class: _____
Do you possess any other License?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
List any memberships in professional or technical associations: _____	
List any current license or registration as a member of a trade or profession: _____	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.	
When will you be available for employment? _____	
Have you ever been employed by the City of Stoughton? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: when, in what position, and in what department? _____	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have regular & reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the days and hours you are available to work: _____	

**EDUCATION**

Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name & location of school: _____				
If no, have you passed a high school equivalency or GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Location: _____				
<b>Training beyond high school:</b>				
College or university, technical, nursing, business college or other schools you have attended.				
Name, location & phone number of school	Major Field	Type of degree received	Credits earned	GPA
Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police academy, in-service training. Please provide dates.				

**SPECIAL SKILLS & QUALIFICATIONS**

*This information must be provided if you are applying for a position requiring these skills.*

Experience transcribing mechanically-recorded material?  Yes  No Typing speed (if known): \_\_\_\_\_ wpm

Experience using a 10-key adding machine?  Yes  No Keying speed (if known): \_\_\_\_\_ kpm

List any additional office equipment which you can operate skillfully: \_\_\_\_\_

List all computer software which you can operate skillfully: \_\_\_\_\_

Have you used the following equipment in a job-related capacity:

Street Sweeper  Yes  No

Bucket Truck  Yes  No

Digger Derrick  Yes  No

Fork Lift  Yes  No

Wood Chipper  Yes  No

Dump Truck  Yes  No

Foreign language (spoken or read with proficiency):

French

German

Spanish

Hmong

Other \_\_\_\_\_

Are you a certified Police Officer?  Yes  No Date Certified: \_\_\_\_\_ State certified by: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

**IMPORTANT:** You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience and education.

Are you currently **unemployed**?  No  Yes, since \_\_\_\_\_

List any time periods of past **unemployed** status:

Start with your present or most recent employment – include military service.  
Please use a separate sheet of paper for additional employers.

From (month/year):	Title of your PRESENT/MOST RECENT position:	PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (month/year):	Employer's Name: Phone No.:	
Hours each week:	Address:	
Full time <input type="checkbox"/>	Name & title of supervisor:	
Part time <input type="checkbox"/>		
Temporary <input type="checkbox"/>		
Starting salary (indicate yearly, monthly or hourly)	If currently employed, may we contact that employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time. Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly)	Number of employees you supervise:  Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (month/year):	Title of position held:	PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (month/year):	Employer's Name: Phone No.:	
Hours each week:	Address:	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name & title of supervisor:	
Starting salary (indicate yearly, monthly or hourly)	Reason for leaving:	
Present salary (indicate yearly, monthly or hourly)	Number of employees you supervised: _____ Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (month/year):	Title of position held:	PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (month/year):	Employer's Name: Phone No.:	
Hours each week:	Address:	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name & title of supervisor:	
Starting salary (indicate yearly, monthly or hourly)	Reason for leaving:	
Present salary (indicate yearly, monthly or hourly)	Number of employees you supervised: _____ Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (month/year):	Title of position held:	PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (month/year):	Employer's Name: Phone No.:	
Hours each week:	Address:	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name & title of supervisor:	
Starting salary (indicate yearly, monthly or hourly)	Reason for leaving:	
Present salary (indicate yearly, monthly or hourly)	Number of employees you supervised: _____ Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any gaps in employment: \_\_\_\_\_

### OTHER EXPERIENCE

(Include volunteer experience, internships, and/or jobs, not included in the employment section.)

Company Name/Location	Job Title	Dates:	Salary:	Full or Part time

### OTHER QUALIFICATIONS

Describe any specialized training, apprenticeship, skills and extra-curricular activities which may have prepared you for this position:


### LEADERSHIP EXPERIENCE

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.


### REFERENCES:

Work or education related (e.g. former employers, supervisor, co-workers, school faculty). No relatives/significant others.

	NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.			
2.			
3.			
4.			
5.			

How did you learn about this position? (Please explain)

Advertisement \_\_\_\_\_  Relative \_\_\_\_\_  Friend \_\_\_\_\_  
 Employment Agency \_\_\_\_\_  Walk-in \_\_\_\_\_  Other \_\_\_\_\_

#### AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial: I authorize any person contacted to provide the City of Stoughton any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of Stoughton to request employment records from my present and/or former employers(s). I release and hold harmless the City of Stoughton, their officers, agents and employees, and the person(s) providing the information from any liability related to providing the information.

Initial: I understand that after receiving a conditional offer of employment, I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the City of Stoughton. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Stoughton, and consent to the release of the test results to the City of Stoughton. I hereby release and hold harmless the City of Stoughton, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial: I authorize the City of Stoughton, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Stoughton, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of Stoughton only if it substantially relates to the position applied for.

Initial: If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Stoughton reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial: I agree to use such personal protective equipment and devices as may be required by the City of Stoughton and to comply with safety rules and requirements. In addition, I understand that the City of Stoughton maintains a workplace free from drugs, harassment and violence.

Initial: I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the City of Stoughton has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice: Wisconsin Open Records Law: Under Section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "Final Candidate", they can do so by making a separate request in writing.

The City of Stoughton is committed to the equality of opportunity for all people. It is the policy of the City of Stoughton to provide equal employment opportunities for all individuals on the basis of their skills, abilities, and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please visit our website at [ci.stoughton.wi.us/clerk](http://ci.stoughton.wi.us/clerk) for more information about the City of Stoughton or for additional copies of this application.

CITY OF STOUGHTON  
HUMAN RESOURCES DEPARTMENT  
RECRUITMENT INFORMATION

This form will not become a part of your application for employment. Your answers will neither help nor hinder your chance for City employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's Affirmative Action efforts. We ask your cooperation in providing us with the following information:

**PLEASE PRINT OR TYPE**

1. NAME: \_\_\_\_\_  
Last First M.I.

2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. JOB(S) APPLYING FOR: \_\_\_\_\_

4. RACIAL GROUP:

How do you describe yourself in terms of the following groups?

- |   |  |
|---|--|
| <input type="checkbox"/> A. White/Caucasian   | <input type="checkbox"/> D. Asian/Asian American |
| <input type="checkbox"/> B. Black   | <input type="checkbox"/> E. American Indian      |
| <input type="checkbox"/> C. Latin American/Chicano/Puerto Rican/Mexican American/Spanish American/Cuban | <input type="checkbox"/> F. Other                |

5. SEX (Please check)  Male  Female

6. AGE: Date of Birth: \_\_\_\_\_

- A. Under 16       B. 16 – 40       C. 41 – 65       D. Over 65

7. RECRUITMENT:

How did you hear about the job in which you are interested in? (Check one only.)

- A. Stoughton Newspapers
- B. Another Newspaper (which one: \_\_\_\_\_)
- C. Professional Journal (which one: \_\_\_\_\_)
- D. Job Interest Card (prior inquiry for work at the City)
- E. Bulletin Board (where: \_\_\_\_\_)