



STUDENT SUMMER EMPLOYMENT APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, gender, national origin, disability/handicap, or any other legally protected status.

PERSONAL INFORMATION

Name _____ Home Phone _____

Present Address _____

Emergency Phone _____ Previous Address _____

Do you have the legal right to work in the United States? Yes _____ No _____

If not, why? _____

Position(s) applied for _____

How soon could you report to work? _____

Type of employment: full time _____ part time _____ Temporary _____

Rate of pay expected _____

What days and hours if part time? Days _____ Hours _____

Are you 18 years or older? Yes _____ No _____

Are you returning to school this fall? Yes _____ No _____

EDUCATION

Type of School	Name & address of School	Circle last year completed	Graduate? Degree?
Elementary			
High School		9 10 11 12	
College		1 2 3 4	

Have you applied for a job with us before? Yes _____ No _____ Date _____
Have you ever worked for us before? Yes _____ No _____ Date _____

Have you ever been convicted of a crime except a minor traffic violation? Yes _____ No _____
If so, state citation, date, court, and place where the offense occurred: _____

Have you ever been discharged or requested to resign from a position? Yes _____ No _____
If yes, give circumstances _____

Do you hold a valid Wisconsin driver's license? Yes _____ No _____

If not, are you eligible to receive a valid Wisconsin driver's license? Yes _____ No _____
If not, give reason _____

Do you presently hold a valid Wisconsin commercial driver's license? Yes _____ No _____
If not, are you eligible to receive a valid Wisconsin commercial driver's license within sixty (60) days of being hired? Yes _____ No _____

Please state any special skills, training, education, experience or qualifications that you have.

PRIOR WORK RECORD Beginning with most recent or present employer

1. Name & address of employer

Telephone number

Supervisor (name & title)

Hire date

starting rate of pay

Job title & duties

Date left

ending rate of pay

Reason for leaving

May we contact this employer? Yes _____ No _____

2. Name & address of employer

Telephone number

Supervisor (name & title)

Hire date

starting rate of pay

Job title & duties

Date left

ending rate of pay

Reason for leaving

May we contact this employer? Yes _____ No _____

3. Name & address of employer

Telephone number

Supervisor (name & title)

Hire date

starting rate of pay

Job title & duties _____ Date left _____ ending rate of pay _____

Reason for leaving _____ May we contact this employer? Yes _____ No _____

JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the employer retains the same right.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will inform the employer prior to the administration of the test so that reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

Signature of applicant _____

Date _____

Please return this application to:
Email: clerk@cityofparkfalls.com

Mail it to: City of Park Falls, PO Box 146, Park Falls, WI 54552.

The City of Park Falls is an Equal Opportunity Employer and does not discriminate against any applicant for employment on the basis of age, sex, national origin, religion, race, handicap, disability, or other protected groups under federal state, or local laws.