

APPLICATION FOR EMPLOYMENT

CITY OF CUMBERLAND

950 1ST Avenue

Cumberland, WI 54829

Telephone (715) 822-2752 FAX (715) 822-3799

POSITION APPLIED FOR:

PERSONAL INFORMATION

Last Name:	First Name:	MI:
Street:		
City:	State:	Zip:
Home Telephone: ()	Business Telephone: ()	
Social Security Number:	() Check if you have no SSN	
Email Address:		

EDUCATION

High School Attended:

City/Village:	State:
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Did you graduate? () Yes () No **GED Certificate?** () Yes () No

College Attended: _____

City:	State:	From (Mo/Yr): /	To: /
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Did you graduate? () Yes () No **Degree/Major:** _____

College Attended: _____

City:	State:	From (Mo/Yr): /	To: /
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Did you graduate? () Yes () No **Degree/Major:** _____

Business/Technical School Attended:

City:	State:	From (Mo/Yr): /	To: /
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Did you graduate? () Yes () No **Degree/Major:** _____

List special skills, training, scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications:

REFERENCES (Avoid listing members of the clergy)

Name:	Address:
Position/Title Profession:	
	Telephone:

Approximately how many years has this individual known you?

Name:	Address:
Position/Title Profession:	
	Telephone:

Approximately how many yeas has this individual known you?

Name:	Address:
Position/Title Profession:	
	Telephone:

Approximately how many yeas has this individual known you?

SUPPLEMENTARY INFORMATION

Position applied for:

Type of employment desired: [] Full-time [] Part-time [] Temporary

Are you now or were you ever employed by this city? [] Yes [] No

If yes, in what position?

From: / To: / Reason for leaving:

List any relatives employed by or currently holding an appointive or elective position in this city:

Do you have a valid Wisconsin driver's license? [] Yes [] No

(NOTE: A valid Wisconsin driver's license is considered only when it relates to the duties of the position you have applied for.)

Have you ever been convicted of a felony? [] Yes [] No

If yes, please attached separate sheet giving full information.

APPLICANT - PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED BY THE CITY, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's signature:

Date signed:

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of

not be revealed without my consent or until required under law.

Applicant's signature:

Date signed:

FOR POLICE AND FIRE COMMISSION USE ONLY

Date application received:

Application reviewed by:

Date:

Comments or action taken:

Application reviewed by:

Date:

Comments or action taken: