



819 N Superior Ave  
 Tomah, WI 54660  
 (608)374-7400

**EMPLOYMENT APPLICATION**  
**THE CITY OF TOMAH IS AN EQUAL OPPORTUNITY EMPLOYER**

**I. PERSONAL**

Last Name: \_\_\_\_\_ First Initial: \_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Email: \_\_\_\_\_ Are you over 18 years of age? **YES** **NO**  
 Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_ CDL? **YES** **NO**

**II. DESIRED EMPLOYMENT**

Position: \_\_\_\_\_ Are you currently employed: **YES** **NO**  
 Desired salary: \_\_\_\_\_ If so, may we contact your present employer: **YES** **NO**  
 Date you can start: \_\_\_\_\_ Applied or worked here before? **YES** **NO**  
 If so, when & what position: \_\_\_\_\_  
 Any relatives work for the City? **YES** **NO** If so, who, relationship & what Department: \_\_\_\_\_  
 \_\_\_\_\_  
 Have you reviewed the Job Description essential functions? **YES** **NO** In addition to your work history, what other skills, experiences, specialized training, or qualifications would you like us to consider? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. EDUCATION**

Name	Location	Years	Grad?	Subjects/Major/Minor

**IV. WORK ENVIRONMENT: How do you make work fun?**

\_\_\_\_\_  
 \_\_\_\_\_

Last Name:	First Initial:	Middle Initial:	Date:
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**v. Military Service Information**

**This information is furnished on a voluntary basis and is not required.**

Check all that apply: Veteran      Disabled Veteran      Rank Upon Discharge: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_      Branch(es)? \_\_\_\_\_

List duties while in service, including special training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If claiming any of the above information, please attach Form DD214 or a copy of ODEO certification.**

**VI. EMPLOYMENT HISTORY** *(begin with most recent employer, provide at least the last 10 years, & attach additional pages if necessary. If you do not want the City to contact a certain employer please indicate that in "Reason for Leaving".*

Employer	Address	Supervisor	Phone
From	To	Position	Salary
Job Duties		Reason for Leaving	
Employer	Address	Supervisor	Phone
From	To	Position	Salary
Job Duties		Reason for Leaving	
Employer	Address	Supervisor	Phone
From	To	Position	Salary
Job Duties		Reason for Leaving	
Employer	Address	Supervisor	Phone
From	To	Position	Salary
Job Duties		Reason for Leaving	

**VII. OTHER LANGUAGES**

Can speak:
Can read & write:

**VIII. Additional skills/training/experience or information you believe is important regarding this open position.**

Last Name:	First Initial:	Middle Initial:	Date:

**IX. AUTHORIZATION**

**ALL APPLICANTS MUST SIGN & SUBMIT THIS PAGE**  
**RELEASE & CERTIFICATION – PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the City of Tomah. I hereby authorize the City to conduct a full investigation into my background.

I authorize the City to obtain my previous work records, employment records, character references and any other information concerning character, ability and work habits and all other necessary information. I further grant authority to the keeper of these records to release said records to the City of Tomah, Wisconsin for the purpose of making its hiring decision. I agree that the City and/or a former employer shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination if hired.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand my employment will be at-will, which means that both the City of Tomah and I are free to terminate the employment relationship at any time for any reason, except a reason prohibited by law, or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Last Name:	First Initial:	Middle Initial:	Date:
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**x. EQUAL OPPORTUNITY EMPLOYMENT**

THIS SECTION IS VOLUNTARY

*The City of Tomah is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to provide equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, disability, which can be reasonably accommodated, or other basis prohibited by law.*

Last Name: \_\_\_\_\_ First Initial: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**xi. PRE-EMPLOYMENT SCREENING NOTICE**

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the City may specify that it is contingent upon the results of a pre-employment drug, physical and/or medical exam(s) and background investigation. I freely and voluntarily agree to submit to a pre-employment screening, as it relates to the requirements of a specific job, as part of my pre-employment application to the City. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the City for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner. I hereby acknowledge that I have read in full and understand the above statements

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Last Name:	First Initial:	Middle Initial:	Date:
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**xii. CRIMINAL RECORDS NOTIFICATION**

If employed, I agree to abide by all rules and regulations of the City. I understand if convicted of a felony, or a violent or drug related misdemeanor, I will notify the City Administrator immediately.

I further agree, that if I am ever convicted of an Operating While Intoxication (OWI), I shall notify the City Administrator immediately. I understand that prior to and during my employment with the City, a conviction of an OWI, if the circumstances of the OWI conviction substantially relate to the circumstances of my job responsibilities for the City, may jeopardize my future or current employment.

I agree to furnish such additional information and complete such examination(s) as may be required to complete an employment process and understand that this application for employment in no way obligates the City to employ me.

Pending charges or Criminal convictions are not absolute bars to employment with the City of Tomah. They will be considered only circumstances of the charge or conviction, substantially relate to the circumstances of the particular job applied for.

I hereby acknowledge that I have read in full and understand the above statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Last Name:	First Initial:	Middle Initial:	Date:
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**xiii. AUTHORIZATION FOR RELEASE OF INFORMATION**

FOR OFFICIAL USE ONLY, NOT TO BE RELEASED TO UNAUTHORIZED PERSONS

I, the undersigned, hereby authorize an employee of the City of Tomah or other authorized representative thereof, bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal Law Enforcement Agencies: records including arrest records of pending charges, conviction record, or those relating to traffic violations.
2. Selective Service System
3. Wisconsin Department of Motor Vehicles
4. Any previous or present employer: employment history, work record and my reputation including my complete personnel file.
5. Any school, college, university or other educational institution.
6. Financial or credit information.

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above until after a conditional offer of employment has been made by the City of Tomah (per Americans with Disability Act (ADA)). Including physical or mental examinations.
2. \_\_\_\_\_  
\_\_\_\_\_

This release is executed to authorize the City of Tomah, as a prospective employer, to obtain the above information. Said information shall be used only in consideration of my possible employment with the City of Tomah and shall not be further disseminated for any purpose. PENDING CHARGES OR CONVICTIONS ARE NOT AN ABSOLUTE BAR TO EMPLOYMENT. THEY WILL BE CONSIDERED ONLY IF THE CIRCUMSTANCES OF THE PENDING CHARGE OR CONVICTION SUBSTANTIALLY RELATES TO THE CIRCUMSTANCES OF THE PARTICULAR JOB APPLIED FOR OR IF BONDABILITY IS AT ISSUE.

Potential Employee's Signature: \_\_\_\_\_

Potential Employee's Printed Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ To be Provided upon Request

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.

Last Name:	First Initial:	Middle Initial:	Date:
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**XIV. IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT**

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work. Please be prepared to provide any of the following documentation if you are offered and accept a position, and is not all inclusive. (This Verification Process Is Required for All Employees (Both Citizen and Non-Citizen)).

**List A:** Any one of the following: (These establish both identity and employment authorization)

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.
4. Employment Authorization Document containing a photo (Form I-766)
5. In the case of a non-immigrant alien authorized to work for a specific employer incident to status a foreign passport with Form I-94 or Form I-94A bearing the same as the passport and containing an endorsement of the alien's nonimmigrant status.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating non-immigrant admission under the Compact of Free Association between the United States and the FSM or RMI.

**OR ONE FROM LIST B AND ONE FROM LIST C**

**LIST B:** These establish identity:

1. State Driver's license or similar state I.D. card with photo or other approved identifying information
2. ID card issued by federal, state, or local government agency containing photo and required identifying information
3. School ID card with photograph
4. Voter's registration card
5. US military card or a draft card
6. Military dependent's ID card
7. US Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian governmental authority for those under 18 years of age: For those under 18 years of age who are unable to present the above documents, the following documents are acceptable:
  - a. School record or report card
  - b. Clinic, doctor or hospital record
  - c. Day-care or nursery school record

**LIST C:** These establish employment authorization:

1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States.
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified U.S. birth certificate bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. ID Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by Department of Homeland Security
9. Consular Report of Birth Abroad (Form FS-240)