

# CITY OF WISCONSIN DELLS

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

MAIL APPLICATION or DELIVER TO:

**Wisconsin Dells Police Department**  
**712 Oak Street**  
**Wisconsin Dells, WI 53965**  
 Telephone: 608-253-1611  
 Fax: 608-254-4375

**INSTRUCTIONS:**

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Attach additional pages if necessary. You are more than welcome to attach a copy of your resume but it does not exclude you from filling out this application form completely.

- Incomplete applications WILL NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume".
- Please print clearly.
- Date and sign the application.
- You are not required to furnish any information which is prohibited by federal, state or local law.

<b>POSITION YOU ARE APPLYING FOR:</b> _____		<b>DEPARTMENT:</b> _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Limited Term Employment		<b>TODAY'S DATE:</b> _____	
<b>Name:</b> (Last) _____ (First) _____ (M.I.) _____		<b>Home Phone:</b> (    ) _____ - _____	
<b>Address:</b> (Street) _____ _____ (City) _____ (State) _____ (Zip Code) _____		<b>Cell Phone:</b> (    ) _____ - _____ May we contact you at these numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available for employment? _____	
<b>Are you legally eligible for employment in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you at least 18 years of age?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>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.</i>	
<b>Have you ever been employed by the City of Wisconsin Dells</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: when, in what position, and in what department? _____		<b>Email Address:</b> _____ Can we contact you via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employment of an individual that would be directly supervising or receiving direct supervision from a family member requires approval from the Personnel Committee.</b> List any relatives employed by the City of Wisconsin Dells or serving as elected or appointed officials: _____			
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: _____			
If you are applying for a job where you need to drive your car while on City business, can you make arrangements to meet the City's minimum liability insurance requirements on your vehicle (\$100,000 each person bodily injury; \$300,000 each accident bodily injury; \$50,000 property damage liability)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

List any memberships in professional or technical associations:

List any current license or registration as a member of a trade or profession (if any):

Have you ever been convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

Please check  Yes or  No If Yes, please explain below (you may attach another sheet if necessary). *Approximate* dates may be listed

Date	Location	Charge	Court	Disposition of Case

**NOTE:** A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

**Did you graduate from high school?**  Yes  No

Name of school: \_\_\_\_\_

Location of school: \_\_\_\_\_ If no, have you passed a high school equivalency or GED test:  Yes  No

Location: \_\_\_\_\_

Foreign language (spoken or read with proficiency):

Polish  German  Spanish  Hmong  Other: \_\_\_\_\_

**Training beyond high school:**

College or university, technical, nursing, business college or other schools you have attended.

College, university or school – name, location and phone number	Presently attending	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.

**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 year's experience and education.

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

**EMPLOYMENT SECTION: (Please start with your most recent position – include military service)**

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

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

**OTHER EXPERIENCE**

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

Company Name/Location	Job Title	Dates Employed (month/year)	Annual salary	Full or part-time
		From:                      To:		
		From:                      To:		

Please list any other experiences, skill or qualifications which you feel are relevant to the position you are applying for:

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**REFERENCES**

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

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

**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 Wisconsin Dells 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 Wisconsin Dells to request employment records from my present and/or former employer(s). I release and hold harmless the City of Wisconsin Dells their officers, agents and employees, and the person (s) providing the information from any liability related to the providing of this 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 Wisconsin Dells. I consent freely and voluntarily to participant in required drug tests and/or a pre-employment physical exam at a location selected by the City of Wisconsin Dells, and consent to the release of the test results to the City of Wisconsin Dells. I hereby release and hold harmless the City of Wisconsin Dells, 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 Wisconsin Dells, 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 Wisconsin Dells, 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 Wisconsin Dells only if it substantially releases to the position applied for.

Initial:

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

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 Wisconsin Dells is committed to the equality of opportunity for all people. It is the policy of the City of Wisconsin Dells 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.

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.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date