

Employment Application

For inquiries or to e-mail completed applications: jobs@coawi.org



Positions Applying for:

Name:

Address:

City:

State/Zip Code:

E-mail Address:

Home Phone:

Cell Phone:

City of Ashland
601 Main Street West
Ashland, WI
54806

Phone: 715-682-7071
Fax: 715-682-7048
www.coawi.org

The City of Ashland does not discriminate on the basis or race, color, national origin, sex, gender identity, sexual orientation, religion, age, marital status, family/parental status, political beliefs, or disability in employment or provision of services, programs or activities.

Education

| Type of School | Name of School | No. Years Completed | Major or Degree |
|------------------------|----------------|---------------------|-----------------|
| High School | | | |
| College/University | | | |
| Tech/Vocational School | | | |
| Other | | | |

If hired, can you provide documents required to establish your eligibility to work in the United States? yes no

Do you have a valid drivers license? yes no State of issue: Are you 16 years of age or older? yes no

Have you ever been convicted of, or pled guilty or not contest to, a crime other than a minor traffic violation? yes no

If yes, please provide a brief explanation (This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account):

Military Service

| Branch of Service | Month/Year Served: From - To | Active Duty or Reserve? | Highest Grade | Primary Duty or Skill Specialty |
|-------------------|---------------------------------|-------------------------|---------------|---------------------------------|
| | | | | |
| | | | | |

| Special Schools Attended/Skills Acquired During Military Service |
|--|
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Previous Employment *(please list the most recent employer first)*

Name/Address of Employer:

Name of last supervisor: Phone #:

Dates of employment: From To Salary: From To

Last job title:

List duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for Leaving (be specific):

May we contact this employer? yes no

Name/Address of Employer:

Name of last supervisor: Phone #:

Dates of employment: From To Salary: From To

Last job title:

List duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for Leaving (be specific):

May we contact this employer? yes no

Name/Address of Employer:

Name of last supervisor: Phone #:

Dates of employment: From To Salary: From To

Last job title:

List the duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for Leaving (be specific):

May we contact this employer? yes no

Please list two references other than relatives and previous employers:

| | | |
|-----------|--|--|
| Name | | |
| Position | | |
| Company | | |
| Telephone | | |

Is there any additional information, applicable to this position, you wish to have considered as part of your application for employment?

Do you have any relatives who currently work for the City of Ashland? yes no

Name of relative, if applicable:

Please read this statement carefully before signing below:

I understand that employment with the City of Ashland is at-will, meaning that I or the City of Ashland may terminate my employment at any time, or for any reason consistent with applicable union contracts or state and federal law.

I authorize the City of Ashland to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the City of Ashland and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand the City of Ashland may require the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant:

Date: