CITY OF MINERAL POINT 137 HIGH STREET, SUITE 1 MINERAL POINT, WI 53565

EMPLOYMENT APPLICATION

Position Applied For:_____

Applicants are considered for all positions without regard to race, color, sex, sexual orientation, religion, creed, national origin, ancestry, age, marital or veteran status, disability, handicap or arrest or conviction record.

Date				
(Please Print)				
Name:				
Address:				
Telephone: Home		Work		
Are you employed now?	Yes	No		
May we contact your present employer?	Yes		_ No	
On what date would you be available for	c work?			
Are you eligible to work in the United S	tates?	Yes	No	
(If offered employment, you will be required to provide documentation to verify eligibility.)				
Have you been convicted of a crime (do not include minor traffic violations or ordinance violations)? YesNo (You must report all convictions, past and present. A conviction will not automatically disqualify you from				
employment but any dishonesty relevant to this response will remove your application from further consideration or result in termination of your employment.)				
If yes, please explain				

List professional trade, business or community activities and offices held.

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1		
2.		
3.	3.	

EDUCATION AND FORMAL TRAINING

Do you have a high s	school diploma or GEI	D certificate?	Yes	No
Colleges, military, tr	ades, business or other	schools attended:		
Name & Location	Course of Study	Dates	Degree/Diploma	
Licenses or Certifica	tes you have that indic	cate specialized skill	ls or training:	
Title of License or C	ertificate	Issuing Agency		Skill Area
Are there any special	l skills you have that y	ou would like us to	be aware of?	

WORK EXPERIENCE

Start with your present or last job. Include intern or volunteer work as well as full-time or part-time employment.

Employer	Address
Your Title	Supervisor's Name & Telephone Number
Duties:	
Date of Employment: From	to
Reason for Leaving:	
Employer	Address
Your Title	Supervisor's Name & Telephone Number
Duties:	
	to
Reason for Leaving:	

Employer	Address	
Your Title	Supervisor's Name & Telephone Number	
Duties:		
Date of Employment	: From to	
	to	
SUPPLEMENTAL (QUESTIONS	
1) How would you w	work with the public:	
	nanage employees?	
3) How would you h	nandle record keeping?	

By signing below, I certify that all statements made on this application are true and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment, or if already employed, will result in dismissal. My signature authorizes the City of Mineral Point to secure my driving record (if position requires driving), transcripts from educational institutional institutions to verify credits/degrees, employment-related information from former employers or references, and any information needed to complete a criminal background check. I understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to appointment to a position with the City of Mineral Point; I also understand that refusal to participate will result in the withdrawal of any offer of employment.

Signature Date