



(608)873-6677

APPLICATION FOR EMPLOYMENT CITY OF STOUGHTON

The City of Stoughton is an Equal Opportunity Employer. We consider all qualified applicants for all available without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other status covered by applicable state or federal employment laws or regulations.

	aros covered by applica	PLEASE PRIN	' '	211110443 01106	9010110110.
☐ Temporary/Limited	Term 🗖 Seasonal (J Volunteer □	l Permanen	t Part-Time	☐ Permanent Full-Time
TITLE OF POSITION YO	U ARE APPLYING FOR:			DEPARTME	NT:
☐ Full Time ☐ Po	art Time			Today's Da	te:
Name: (Last)	(First)		(M.I.)	Home/Cell	Phone:
Current Address: (Stre	eet)		(Apt. #)	Business Ph	one:
(City)	(State)		(Zip)	Can we con	tact you at this number?
				□ Yes	□No
Permanent Address:			(Apt. #)	If yes, list he	Orine.
(Street) (If different from	above)			11 yes, 11st 11t	0013.
	(01 1)		/7: \	Discos Nicos	
(City) (State)			(Zip)		mber where you can be I from 7:30 am-4:30 pm:
Email address:					
The City of Stoughton sho	all prohibit employment of	an individual if he/	she would be	directly super	vising or receiving direct
supervision from a family	member.				
List any relatives emplo	yed by the City of Stough	ton or serving as e	lected or app	oointed official	S:
THIS SECTION MUST E Please list ALL instances i	BE COMPLETED: In which you were convic	ted as an ADULT fo	or crimes (miso	demeanors or	felonies), ordinance
violations, traffic violatio	ns and the like. Also, pleas nclude all information red	se list all criminal ch	narges (misde	meanors or fel	onies) currently pending
Have you been convicte	ed or have charges pend	ing, as listed above	÷ś		ar or omproyment.
Please check: ☐ Yes ☐ N necessary). Approximate	lo If yes, please explain be	elow (you may atto	ach another:	sheet if	
Date	Location	Charge		Court	Disposition of Case
					,
NOTE: A conviction rec	ord or pending arrest re	cord does not co	nstitute an a	utomatic har	to employment and will be

considered only if there is a substantial relationship to the circumstances of the particular position or if the City deems there is a

bona fide occupational qualification inherent in the position, which requires this information prior to hiring.

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Position Applied For:								
For positions requiring driving only:								
Do you possess a valid Driver's License?								
Do you possess a valid Commercial 🗆 Yes 🗆 No								
Driver's License?	Oriver's License? Type/Class:							
Do you possess any other License? ☐ Yes ☐ No Type:								
List any memberships in professional or techr	nical associ	iations:						
List any current license or registration as a m	ember of a	ı trade or pro	ofession:					
Are you a U.S. Citizen? Yes No Are you le		ole for emplo	syment in the United	d States? □ Ye	s 🗖 No			
Are you at least 18 years of age? ☐ Yes ☐ Not Your employment will be subject to verification the type of work you are applying for and have a value.	nat you mee	t state and fe nit.	ederal minimum age r	equirements fo	r the			
When will you be available for employment?	?							
Have you ever been employed by the City of Sto	oughton?	□ Yes □	JNo					
If yes, when, in what position, and in who	at departr	ment?						
Are you currently employed? ☐ Yes ☐ No	O Do yo	ou have reg	ular & reliable trans	portation? 🗆 `	res □ No			
List the days and hours you are available to	work:							
	EDUCA	TION						
Did you graduate from high school? ☐ Yes ☐ Name & location of school:	1 No							
If no, have you passed a high school equiva	lency or G	ED test? 🗖 Y	es 🗆 No					
Location:								
Training beyond high school: College or university, technical, nursing, business college or other schools you have attended.								
Name, location & phone number of school	Majo	or Field	Qualification Obtained	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.								

	& QUALIFICATION		th and alvilla
This information must be provided if you a		·	
Experience transcribing mechanically recorded ma	terial? 🗆 Yes 🗆 No	Typing speed (if k	(nown): wpm
Experience using a 10-key adding machine?	J Yes □ No Keyin	g Speed(If known)	: kpm
List any additional office equipment which you	can operate ski	llfully:	
List all computer software which you can opera	ate skillfully:		
Have you used the following equipment in a job-r	elated capacity	Public Works & Utilities	s Positions):
Street Sweeper ☐ Yes ☐ No	Fork Lift	□ Yes □ N	
Digger Derrick	Bucket Truck	☐ Yes ☐ No	
Wood Chipper ☐ Yes ☐ No	Dump Truck	☐ Yes ☐ No	
• •	,		
Please list any other equipment used but not listed here: Foreign language (spoken or read with proficiency):			_
☐ French ☐ German ☐ Span	ish 🗖 Hm	nona 🗖 (Other:
	1311 📴 1111		
Are you a certified Police Officer? ☐ Yes ☐ No Do	ite Certified:	State certi	ified by:
	NT EXPERIENCE		
IMPORTANT: You must complete the employments necessary. You may attach a resume to further exp			ditional sheets if
Please list a minimum of prior ten years' experience		mons.	
Are you currently unemployed ? □ No □ Yes, s			
List any time periods of past unemployed status:			
Start with your present or most recent		•	service.
Please use a separate sheet o		ional employers.	
EMPLOYME Please list your work experience for the past five y		n vour most recent	iob held. If you were
self-employed, give firm name. Attach additiona			
Name of Employer	Name of	Employment	Pay or salary
Address	last	dates	r dy or salary
City, State, Zip	supervisor	From	Start
Phone number		To	Final
	Your last job	title	
Reason for leaving (be specific) List the jobs you held, duties performed, skills used	l or learned, advan	cements or promot	ions while you worked
at this company.	or rounnou, auvan	ouncino di promo.	ions wime yes wonce
Name of Employer	Name of	Employment	Pay or salary
Address	last	dates	,
City, State, Zip	supervisor	From	Start
Phone number		To	Final
Daniel Faulani (1997)	Your Last Jol	o Title	
Reason for leaving (be specific) List the jobs you held, duties performed, skills used	or learned advan	cements or promot	ions while you worked
at this company.		23	iiiio iiiiio yoo iioiked

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Name of Employer	Name of	Employment	Pay or salary
Address	last	dates	
	supervisor		
City, State, Zip		From	Start
Phone number		То	Final
	Your last job	title	
Reason for leaving (be specific)	-		
List the jobs you held, duties performed, at this company.	. skills used or learned, advand	cements or promotion	ons while you worked
Name of Franciscos	Name of	Fuendayonand	Dave av anlame
Name of Employer Address	last	Employment dates	Pay or salary
Address	supervisor	udies	
City, State, Zip	3000171301	From	Start
Phone number		To	Final
There nomber	Your last job		Tillul
Reason for leaving (be specific)	10011031103		
List the jobs you held, duties performed, at this company.	skills used or learned, advanc	cements or promotic	ons while you worked
Are you currently employed? ☐ Yes ☐ No			
May we contact your present employer	.2		
Yes □ No	:		
u res u no			
Did you complete this application yours Type No	self?		
If not, who did?			

ease explain any gaps in employmer	1 T:			
	OTHER EXPERIEN	ICE		
(Include volunteer experience, i	internships, and/or jobs,	not included in the		
Company Name/Location	Job Title	Dates From - To	Salary	Full or Part Tin
	OTHER QUALIFICA	TIONS		
escribe any specialized training, apprentices	hip, skills and extra-curricular	activities, which may hav	e prepared you for	this position:
	LEADERSHIP EXPER	RIENCE		
may exclude membership, which would reve			y, disability or other p	protected st
_				
	REFERENCES:	· _		
Work or education related (e.g. former emp			No relatives/significo	ant others.
				_
NAME/TELEPHONE/ADDI	DECC	OCCUPATION	NATURE OF RE	HZMOITA I
NAME/TELEPHONE/ADDI	KESS	OCCUPATION	NATURE OF RE	ELATIONSLI

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How did you learn about this p	osition? (Please explain)		
☐ governmentjobs.com ☐ Inc	deed 🗆 other online	e posting:	
□ Newspaper Advertisement	Family	other:	
	e following statements. If you ha	ve a question regarding any of these state application. Your initials and signature ve	
employment, education which may include, but records, excluding work non-medical tests, discip agree to execute releas records from my presen	n and other information concerning not be limited to, application of the compensation if any, wage colinary reports or letters, and compensation forms as required that and/or former employers (s). I relaployees, and the person (s) proving the content of the	Stoughton any and all information regaring any of the subjects covered by the ap f employment, performance evaluations rates, supervisors' comments, results of a applaints or allegations regarding any miscord by the City of Stoughton to request emplaints and hold harmless the City of Stoughting the information from any liability residence.	plication s, work ny and all onduct. I oyment hton, their
pre-employment and p City of Stoughton. I con employment physical e the test results to the Cit officers, agents and em liability whatsoever, aris	ost-employment exams to gain sent freely and voluntarily to par xam at a location selected by the yof Stoughton. I hereby release aployees, and the laboratory, the	mployment, I may be required to success employment or continue employment wricipate in required drug tests and/or a precedity of Stoughton, and consent to the earth and hold harmless the City of Stoughtor eir employees, agents and contractors from the pre-employment exam and decisions contractors or the complex of the pre-employment exam and decisions contractors.	rith the ore- release of n, their om any
check and a check wit employment. I release of the person(s) providing	h the Department of Transportat and hold harmless the City of Stou the information from any liability i	d employees to conduct a background of tion prior to making a decision regarding ughton, their officers, agents, and employ related to the performance or result of this City of Stoughton only if it substantially relo	ees and scheck. I
performance. I underst	and that just as I am free to resi employment at any time. All er	an employee depends upon my success ign at any time, the City of Stoughton remployees not covered by a collective	eserves the
Stoughton and to comp		I devices as may be required by the City ments. In addition, I understand that the (ssment and violence.	
interview or an offer/ac	ceptance of employment consti	or any employee handbook, the grantin tutes an employment contract. I understa y to make any assurances to the contrary	ind that no
	nd belief. I understand and agree	th my application are true, complete and e that any misstatements or omissions of n	
Candidates" must be open to p	public inspection. The statute also	of Wisconsin Statutes, the names of the "F o provides that if an applicant does not we o so by making a separate request in writin	ant his/her
Stoughton to provide equal er qualifications, without regard to status, arrest or conviction reco the National Guard or any othe lawful products off the employe	nployment opportunities for all in orace, color, national origin, religond, sexual orientation, disabled or reserve component of the Unite	nity for all people. It is the policy of the Cit ndividuals on the basis of their skills, abiliti gion, political affiliation, sex, age, disability veteran or covered veteran status, mem ed States or State military forces, use or no hours, or any other non-merit factors, exce	es, and r, marital abership in on-use of

To view current open positions and/or apply online and please visit our website at governmentjobs.com/careers/stoughtonwi or visit the City of Stoughton Human Resources web page at https:ci.stoughton.wi.us/jobs.

Date

Applicant's Signature

CITY OF STOUGHTON HUMAN RESOURCES DEPARTMENT RECRUITMENT INFORMATION

This form will not become a part of your application for employment. Your answers will neither help nor hinder your chance for City employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's Affirmative Action efforts. We ask your cooperation in providing us with the following information:

1. 1.	NAME		IFE			
١.	147 (1412	•		ast	First	M.I.
2.	ADDR	ESS:				
3	JOB(S) /	— APPLYII	NG FOR:			
4. I	RACIAL	GROU	P:			
Но	w do you	describe	yourself in terms of the follo	wing groups?		
		o A	White/Caucasian		D. Asian/Asian American	
		₫В	African American		₃ E. American Indian	
		ŋ C	Latin American/Chic Rican/Mexican Ame Spanish American/C	erican/	F. Other	
5. SE	EX (Plea	se chec	ck) "Male	_a Female		
6. A	GE: Dat	e of Bir	th			
	A. Und	der 16	_a B. 16 – 40	。C. 41 − 65	₃D. Over 65	
	ECRUITA ow did yo	ou hear	about the job in whiche:Where?		? (Check one only.)	
	п В	Newsp	paper: Which?			
	□ C	Profes	sional Journal:			
	o D	Job In	iterest Card (prior i	nquiry for work c	at the City)	
	σE	Bulleti	nBoard: Where?			