



City of MONDOVI

156 S. Franklin St., Mondovi, WI 54755

Tel. 715-926-3866

EMPLOYMENT APPLICATION

THE CITY OF MONDOVI IS AN EQUAL OPPORTUNITY EMPLOYER

This employment application must be completed in your own hand writing, no typed or digitally reproduced answers and/or applications will be accepted. This is your first step to employment with the City of Mondovi.

I. PERSONAL INFORMATION

DATE: _____

LAST NAME: _____ FIRST INIT: _____ MIDDLE INITIAL: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ REFERRED BY: _____

Are you legally authorized to work in the United States of America? **YES NO**

Are you over 18 years of age? **YES NO**

II. EMPLOYMENT DESIRED

POSITION: _____ DATE CAN START: _____ SALARY DESIRED: _____

ARE YOU CURRENTLY EMPLOYED: **YES NO** IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER: **YES NO**

EVER APPLIED OR WORKED HERE: **YES NO** WHEN: _____ WHAT DEPARTMENT: _____

Have you reviewed the essential functions within the Job Description? **YES NO**

In addition to your work history, what other experiences, skills, specialized training, or qualifications would qualify you for this work? _____

III. EDUCATION HISTORY

NAME	LOCATION	YEARS	GRADUATE?	SUBJECTS/MAJOR/MINOR

LAST NAME:	FIRST INITIAL:	MIDDLE INITIAL:
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IV. HOW DO YOU MAKE WORK FUN?

V. WORK HISTORY (Include the last 10 years and attach additional pages if necessary)

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	

MILITARY SERVICE INFORMATION

This information is furnished on a voluntary basis.

Check all that apply : _____ Veteran _____ Disabled Veteran

Dates of Service: _____ to _____ Branch? _____

(Please attach Form DD214 or a copy of ODEO certification.)

LAST NAME:	FIRST INITIAL:	MIDDLE INITIAL:
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OTHER LANGUAGES THAT YOU CAN SPEAK: _____

OTHER LANGUAGES THAT YOU CAN READ & WRITE: _____

AUTHORIZATION

ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE

RELEASE AND 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 Mondovi. 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 Mondovi, Wisconsin for the purpose of making its hiring decision. I agree that the City shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, 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.

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 Mondovi 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.

SIGNED: _____ DATE: _____

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)

EQUAL OPPORTUNITY STATEMENT
APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE

The City of Mondovi 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 INIT: _____ MIDDLE INITIAL: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ PHONE: _____ EMAIL: _____

Applicant Signature

Date

Applicant Printed Name

PRE-EMPLOYMENT PHYSICAL & DRUG 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 medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, 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.

Applicant Signature

Date

Applicant Printed Name

CRIMINAL RECORDS NOTIFICATION FORM

If employed, I agree to abide by all rules and regulations of the City. I understand if convicted of a felony, 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 Mondovi. 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.

Applicant Signature

Date

Applicant Printed Name