



APPLICATION FOR LIMITED TERM/TEMPORARY EMPLOYMENT

The City of Stoughton is an Equal Opportunity Employer. We consider all qualified applicants for all available positions 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.

(PLEASE PRINT)

TITLE OF POSITION YOU ARE APPLYING FOR:			DEPARTMENT
Name: (Last) (First) (M.I.)			Home Phone:
Current Address: (Street) (Apt. #)			Business Phone:
(City) (State) (Zip)			Can we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Address: (Street) (Apt. #) <i>(If different from above)</i>			If yes, list hours:
(City) (State) (Zip)			Phone Number where you can be contacted from 7:30 am-4:30 pm:
Email address: _____			
Have you ever worked for the City of Stoughton before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give dates:			
If hired, can you provide the documents required to prove that you are legally able to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>The City of Stoughton shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i>			
List any relatives employed by the City of Stoughton or serving as elected or appointed officials:			
Have you ever been suspended, fired, or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:			
Have you ever been convicted of, plead guilty to, or no contest to a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:			
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 City deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.			
Times and days you will be available for work:			

EMPLOYMENT EXPERIENCE

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.

Are you currently **unemployed**? No Yes, since _____

List any time periods of past **unemployed** status:

Start with your present or most recent employment – include military service.
Please use a separate sheet of paper for additional employers.

Employer Name:		Dates of employment:	
Address:		Phone No.:	
Job Title, Responsibilities & Duties:			

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Address:		Phone No.:	
Job Title, Responsibilities & Duties:			

Please explain any gaps in employment: _____

Additional Qualifications and Skills related to this position:

REFERENCES:

Work or education related (e.g. former employers, supervisor, 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 Stoughton 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 Stoughton to request employment records from my present and/or former employers(s). I release and hold harmless the City of Stoughton, their officers, agents and employees, and the person(s) providing the information from any liability related to providing the 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 Stoughton. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Stoughton, and consent to the release of the test results to the City of Stoughton. I hereby release and hold harmless the City of Stoughton, 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 Stoughton, 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 Stoughton, 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 Stoughton only if it substantially relates to the position applied for.
- Initial: _____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Stoughton reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.
- Initial: _____ I agree to use such personal protective equipment and devices as may be required by the City of Stoughton and to comply with safety rules and requirements. In addition, I understand that the City of Stoughton maintains a workplace free from drugs, harassment and violence.
- Initial: _____ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the City of Stoughton has the authority to make any assurances to the contrary.

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.

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

Applicant's Signature

Date

Please visit our website at ci.stoughton.wi.us/clerk for more information about the City of Stoughton or for additional copies of this application.

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:

PLEASE PRINT OR TYPE

1. NAME: _____
Last First M.I.

2. ADDRESS: _____

3. JOB(S) APPLYING FOR: _____

4. RACIAL GROUP:

How do you describe yourself in terms of the following groups?

- A. White/Caucasian
- B. Black
- C. Latin American/Chicano/Puerto Rican/Mexican American/Spanish American/Cuban
- D. Asian/Asian American
- E. American Indian
- F. Other

5. SEX (Please check) Male Female

6. AGE: Date of Birth: _____

- A. Under 16
- B. 16 – 40
- C. 41 – 65
- D. Over 65

7. RECRUITMENT:

How did you hear about the job in which you are interested in? (Check one only.)

- A. Stoughton Newspapers
- B. Another Newspaper (which one: _____)
- C. Professional Journal (which one: _____)
- D. Job Interest Card (prior inquiry for work at the City)
- E. Bulletin Board (where: _____)