



**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
(PRE-EMPLOYMENT QUESTIONNAIRE)**

PERSONAL INFORMATION

Name				Are you 18 years or older?		Yes	No
	Last	First	Middle Initial				

Present Address				
	Street	City	State	Zip

Permanent Address				
	Street	City	State	Zip

Email Address	Phone Number
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In case of an emergency notify				
	Name	Address	Phone No.	

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
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Are you employed now?	If so, may we inquire of your present employer?
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Ever applied to or worked for the City before?	Where?	When?
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EDUCATION

School Level	Name/Location of School	No. of Yrs. Attended	Did You Graduate	Subjects Studied
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Grammar School

High School

College

Trade, Business
Or Correspondence
School

**WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION,
SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED
MEDICAL CONDITION OR HANDICAP/DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.**

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FORMER EMPLOYERS: (List below last three employers, begin with current or last one)

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Name and Address of Present or Last Employer _____

Starting Date _____ Leaving Date _____

Month Year Month Year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ May we contact Supervisor? _____

Name and Title of Supervisor _____ Phone No. _____

Description of Work _____

Reason for Leaving _____

Name and Address of Employer _____

Starting Date _____ Leaving Date _____

Month Year Month Year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ May we contact Supervisor? _____

Name and Title of Supervisor _____ Phone No. _____

Description of Work _____

Reason for Leaving _____

Name and Address of Employer _____

Starting Date _____ Leaving Date _____

Month Year Month Year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ May we contact Supervisor? _____

Name and Title of Supervisor _____ Phone No. _____

Description of Work _____

Reason for Leaving _____

SPECIAL QUESTION

DO NOT Answer the question in this section unless the employer has CHECKED THE LINE PRECEDING the question. This information is required for a bonafide occupational qualification, or dictated by National Security Laws, or is needed for other legally permissible reasons.

_____ Have you been convicted of a felony or misdemeanor within the last five years?* Yes___ No _____
Describe:

*You will not be denied employment solely because of a conviction record unless the circumstances of the offense are substantially related to the job for which you have applied.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis on age with respect to individuals who area at least 40 years of age.

I understand and agree that I may be required to take a physical and/or psychological examination as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the City and to release the City, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

Yes ___ No ___

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REFERENCES: Below give the names of three persons not related to you whom you have known at least one year that we may contact for job related references.

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Name	Address	Business	Years Acquainted	Telephone
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GENERAL

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Subjects of Special Study or Research Work

Special Training

Special Skills

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SERVICE RECORD

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U.S. Military or Naval Service	Rank	Discharge Date
Present Membership In		Date
National Guard or Reserves		Obligation Ends

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AUTHORIZATION

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"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsification, misrepresentation or omission statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature

Date

**CITY OF RIVER FALLS
SELF-IDENTIFICATION (OPTIONAL)**

The City of River Falls is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. We ask you to complete this self-addressed form and return it as soon as possible to the City Administrator, City of River Falls, 123 East Elm Street, River Falls, WI 54022; 715/425-0900.

Section 1: General Applicant Information

Name _____	Date ____/____/____
Position applied for _____	

Section 2: Please check all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to Self-Identify. Signature _____	
How did you hear of our opening? <input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Other	
For Office Use Only	Job Group

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.