



**CITY OF NEW LONDON
EMPLOYMENT APPLICATION**

**An Equal Opportunity Employer
An Affirmative Action Employer**

Mail Applications to: City of New London City Administrator 215 N. Shawano St. New London, WI 54961 (920) 982-8500 – Phone (920) 982-8665 – Fax www.newlondonwi.org	Instructions: To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing this form. Answer all questions. Type or print neatly. Attach supplementary sheets as necessary. You are encouraged to attach a cover letter to highlight your skills and experience or to further introduce yourself and to attach a resume. REMEMBER: *Incomplete applications MAY NOT BE CONSIDERED. *If resume is submitted, DO NOT write "see resume." *DATE and SIGN this application.
Title of Position You Are Applying For: _____ Full-Time _____ Part-Time _____ If Part-Time, list hours you are available: _____ Department: _____	
Name: Last _____ First _____ M.I. _____	Home Phone: _____
Current Address: Street _____ Apt# _____	Cell Phone: _____
City _____ State _____ Zip _____	
Other day time number where you may be reached: _____	
When will you be available for employment? _____	
Email Address: _____ May we contact you here? Yes _____	
Are you a U.S. Citizen? Yes _____ No _____ Are you legally eligible for employment in the United States? Yes _____ No _____	
Are you at least 18 years of age? Yes _____ No _____ <i>If no, your employment will be restricted to Federal and State minimum requirements for the type of work you are applying for and for which you have a valid work permit.</i>	
Have you ever been employed by the City of New London? Yes _____ No _____ If yes: when, in what position, and in what department? _____ List any relatives employed by the City of New London or serving as elected or appointed officials: _____	
Do you possess a valid Driver's License? Yes _____ No _____ Do you possess a valid Commercial Driver's License? Yes _____ No _____ Do you possess another operator's license? Yes _____ No _____	In what state? _____ If yes, explain: _____

If you are applying for a job where you need to drive your car while on City business, can you make arrangements to meet the City's minimum liability insurance requirements on your vehicle (\$100,000 each person bodily injury; \$300,000 each accident bodily injury; \$50,000 property damage liability)? Yes _____ No _____

List any memberships in professional or technical associations:

List any current license or registration as a member of a trade or profession:

List any SPECIAL SKILLS or QUALIFICATIONS that were not covered in previous sections, but you would like us to know about:

THIS SECTION MUST BE COMPLETED! Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

Please check Yes or No If Yes, please explain below (you may attach another sheet if necessary).

Date	Location	Charge	Court	Disposition of Case

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 employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Did you graduate from high school? Yes _____ No _____

If no, have you passed a high school equivalency or GED test? Yes _____ No _____ Location of school: _____

If graduated from high school, name of school: _____

Location of school: _____

Special skills & qualifications – *this information must be provided if you are applying for a position requiring these skills:*

Experience using calculator? Yes _____ No _____ Copy Machine? _____ Fax? _____ Multi-line Phone System? _____

List any additional office equipment you can operate skillfully: _____

List all computer software you can operate skillfully: _____

List any languages other than English you can speak: _____

TRAINING BEYOND HIGH SCHOOL:

College, university or school – name and location	Major field	GPA	Degree Earned	Credits Earned

Describe any additional education or training you have received, not covered above such as vocational or internet courses, correspondence courses, police academy, in-service training, etc. Tell us how long such schooling lasted.

IMPORTANT: YOU MUST LIST YOUR EMPLOYMENT HISTORY FOR AT LEAST THE LAST 10 YEARS. YOU MAY ATTACH A RESUME, BUT YOU MUST STILL LIST YOUR HISTORY BELOW. **DO NOT WRITE 'SEE RESUME.'** YOU MAY ATTACH ADDITIONAL SHEETS AS NEEDED. LIST ANY MILITARY SERVICE, EXPLAIN GAPS IN EMPLOYMENT.

Are you currently Unemployed? Yes _____ No _____ If Yes, since _____

Employment Section: Please start with your most recent position – include military service

From (month & year):	Title of your PRESENT/MOST RECENT position:		Primary Duties:
To (month & year):	Employer's Name (Company Name):	Phone Number:	
Hours each week:	Address:		
Full-time: _____ Part-time: _____ Temporary: _____	Name and title of supervisor:		
	If currently employed, may we contact your employer? Yes _____ No, not at this time _____		
Starting Salary: \$ Yearly, monthly, hourly	Reason for leaving or considering change:		
Present Salary: \$ Yearly, monthly, hourly	Were you involuntarily discharged? Yes _____ No _____		
	Number of employees you supervise: _____		
From (month & year):	Title of position held:		Primary Duties:
To (month & year):	Employer's Name (Company Name):	Phone Number:	
Hours each week:	Address:		
Full-time: _____ Part-time: _____ Temporary: _____	Name and title of supervisor:		
	If currently employed, may we contact your employer? Yes _____ No, not at this time _____		
Starting Salary: \$ Yearly, monthly, hourly	Reason for leaving or considering change:		
Present Salary: \$ Yearly, monthly, hourly	Were you involuntarily discharged? Yes _____ No _____		
	Number of employees you supervise: _____		
From (month & year):	Title of position held:		Primary Duties:
To (month & year):	Employer's Name (Company Name):	Phone Number:	
Hours each week:	Address:		
Full-time: _____ Part-time: _____ Temporary: _____	Name and title of supervisor:		
	If currently employed, may we contact your employer? Yes _____ No, not at this time _____		
Starting Salary: \$ Yearly, monthly, hourly	Reason for leaving or considering change:		
Present Salary: \$ Yearly, monthly, hourly	Were you involuntarily discharged? Yes _____ No _____		
	Number of employees you supervise: _____		

OTHER EXPERIENCE: (Include volunteer experience, internships, and/or jobs, not included in the employment section).				
Company Name/Location	Job Title	Dates Employed (month/year)	Salary	Full or Part-Time

REFERENCES: Work or education related (e.g. former employers, supervisors, co-workers, school faculty) No relatives/significant others.		
Name/Telephone Address	Occupation	Nature of Relationship

Attention: Applicants for Supervisory Positions

Please attach a separate sheet of paper and write (do not type) your answer to the following two questions. (The answer should be at least 150 words, legible and responsive to the question).

1. *What qualities make you an outstanding candidate?*
2. *What duties and responsibilities would comprise the ideal job for you?*

Attention: Applicants for Police Department Provisions:

Please answer the following questions:

Are you a certified Law Enforcement Officer? Yes _____ In which state? _____ No _____

Are you currently designated as "certifiable" for Law Enforcement as a result of completing Criminal Justice/Police training?
Yes _____ No _____

Have you earned at least 60 college level credits? Yes _____ No _____ If no, give date you expect to complete 60 credits.

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 New London any and all information regarding my employment, education and other information concerning any of the subjects covered by this application. I release and hold harmless the City of New London, its officers, agents and employees and the persons providing information from any liability related to the providing of this 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 New London. 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 New London, and consent to the release of the test results to the City of New London. I hereby release and hold harmless the City of New London, 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 New London, 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 New London, 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 New London 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 New London 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 New London and to comply with safety rules and requirements. In addition, I understand that the City of New London 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 New London 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 New London is committed to the equality of opportunity for all people. It is the policy of the City of New London to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualification, without regard to age, ancestry, arrest & conviction record, color, creed, disability, genetic testing, honesty testing, marital status, membership in the National Guard, state defense force, or any other reserve component of the military forces of the United States or this State, national origin, race, religion, sex, sexual orientation, and the use or nonuse of lawful products off the employer's premises during nonworking hours.

Applicant's Signature: _____ **Date:** _____

Please visit our website at www.newlondonwi.org for more information about the City of New London or for additional copies of this application.

Last revised: August 2010