



CITY OF NEW LONDON EMPLOYMENT APPLICATION

An Equal Opportunity Employer
An Affirmative Action Employer

<p>Mail Applications to: City of New London City Administrator 215 N. Shawano St. New London, WI 54961</p> <p>(920) 982-8500 - Phone (920) 982-8665 - Fax</p> <p>www.newlondonwi.org</p>	<p>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.</p> <p style="text-align: center;">REMEMBER: *Incomplete applications MAY NOT BE CONSIDERED. *If resume is submitted, DO write "see resume". *DATE and SIGN this application.</p>
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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:
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Current Address: Street	Apt #	Cell Phone:
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City	State	Zip
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Other day time number where you may be reached: _____

When will you be available for employment?

Are you a U.S. Citizen? Yes ___ No ___ email address: _____

Are you legally eligible for employment in the United States? ___yes ___no Can we contact you here? ___Yes ___No

Are you at least 18 years of age? ___yes ___no *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.*

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	In what State? _____
Do you possess a valid Commercial Driver's License?	___Yes ___No	
Do you possess any other operators' license?	___Yes ___No	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 was not covered in previous sections, but you would like us to know about:

Have you ever been convicted of a felony? Yes ___ No ___
 Have you ever been convicted of any domestic violence? (Includes child abuse) Yes ___ No ___

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 which you can operate skillfully: _____
 List all computer software which 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 TEN YEARS. YOU MAY ATTACH A RESUME, BUT YOU MUST STILL LIST YOUR HISTROY 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**? ___No ___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 ___	Name and title of supervisor:		
Part-time ___	If currently employed, may we contact your employer?		
Temporary ___	___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 ___	Name and title of supervisor:		
Part-time ___	May we contact this employer?		
Temporary ___	___Yes ___No, not at this time		
Starting Salary: \$ Yearly, monthly, hourly	Reason for leaving:		
Present Salary: \$ Yearly, monthly, hourly	Were you involuntarily discharged? ___Yes ___No		
	Number of employees you supervised: _____		
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 ___	Name and title of supervisor:		
Part-time ___	May we contact this employer?		
Temporary ___	___Yes ___No, not at this time		
Starting Salary: \$ Yearly, monthly, hourly	Reason for leaving:		
Present Salary: \$ Yearly, monthly, hourly	Were you involuntarily discharged? ___Yes ___No		
	Number of employees you supervised: _____		

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
1.		
2.		
3.		
4.		
5.		

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 February 2009

PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION

City of New London Recruitment Information

This form is not part of your application for employment and will stay separate from the application. 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. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

PLEASE PRINT OR TYPE

1. NAME: (optional) _____
Last First M.I.

2. POSITION (S) APPLIED FOR: _____

5. RACIAL/ETHNIC GROUP: How do you describe yourself in terms of the following groups?

- _____ A. **White, not of Hispanic origin:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- _____ B. **Black/African American or African:** A person having origins of any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic/Latinos.
- _____ C. **American Indian or Alaska Native:** A person descending from any of the original peoples of North, South or Central America who possess 1/4 degree of documented tribal descendancy or is enrolled with a federally and state recognized tribe.
- _____ D. **Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.
- _____ E. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ F. **More Than One Race:** A person designating more than one of the racial groups above.
- _____ F. **Hispanic/Latino Ethnicity:** A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.
- _____ G. **Not Hispanic/Latino Ethnicity:** A person who is not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.

5. GENDER: _____ Male _____ Female

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

- _____ A. Press Star/ Buyers' guide
- _____ B. Another Newspaper (which one: _____).
- _____ C. Professional Journal (which one: _____).
- _____ D. Job Interest Card
- _____ E. Bulletin Board (where: _____).
- _____ F. Word of mouth: _____.
- _____ G. Internet (which website: _____).
- _____ H. Radio (which station: _____).
- _____ I. Other (explain: _____).

7. VETERAN STATUS: Please check one.

- _____ A. Veteran: Branch of service _____ and years: _____
- _____ B. Active Reserves
- _____ C. None

8. DISABILITY STATUS: The Americans with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or who is regarded as having such an impairment." Based on this definition, are you an individual with a disability?

_____ Yes _____ No