



City of Stanley
 353 S Broadway St.
 PO Box 155
 Stanley, WI 54768
 715-644-5758
 www.ci.stanley.wi.gov
Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of any felony, misdemeanor, or other offenses? YES NO

If yes, please explain: _____

Currently, are there any pending charges (including traffic violations) or offenses awaiting official charges or other disposition subject to above stated punishment? YES NO

If yes, please explain: _____

Do you possess a valid Wisconsin driver's license? YES NO

Do you possess a valid WI CDL? YES NO

Driver's License #(s) _____
 Number State Expiration Date

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Summarize Special Skills
and qualifications:

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Please list your employers from the last 10 years, beginning with the most recent. If necessary, list additional employers on a separate sheet.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when it is discovered by the City of Stanley.

I understand that any employment is conditioned on a background check. I also understand that this background check will include reviewing all publicly posted social media accounts. I authorize the City of Stanley to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the City of Stanley, without giving me prior notice of such disclosure. In addition, I release the City of Stanley, any former employers, and all references listed above from all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City of Stanley. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Stanley unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the City of Stanley as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the City of Stanley the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the City of Stanley's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the City of Stanley to hire. If hired, I agree to abide by all City of Stanley work rules, policies, and procedures. The City of Stanley retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____ Date: _____

For Internal Use Only:

Background Check completed by: _____ Date: _____

- Approved
- Significant Findings:

Stanley Fire and EMS Department Application Addendum

Please circle what you are applying for:

Fire

or

EMS

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Please list your Certification/s:
If none, please leave blank or write "none"

Please list any training beyond the above listed certifications:
If none, please leave blank or write "none"

Why do you want to be a member of the Stanley Fire and EMS Department?

What do you know about the City of Stanley? About the Stanley Fire and EMS Department?

Signature: _____ Date: _____

For Internal Use Only:
Background Check completed by: _____ Date: _____

- Approved
- Significant Findings: