



**APPLICATION FOR EMPLOYMENT**  
**CITY OF WAUPACA - WAUPACA LIBRARY**  
 107 S MAIN STREET  
 WAUPACA, WI 54981  
 (715) 258-4414  
[www.waupacalibrary.org](http://www.waupacalibrary.org)



**The City of Waupaca is an equal opportunity employer.**

All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, religion, color, disability, pregnancy, marital status, sex, national origin, ancestry, or any other legally protected status.

**APPLICATION INSTRUCTIONS:**

- Please print in ink or type. Submit application to the above address or [wau@waupacalibrary.org](mailto:wau@waupacalibrary.org)
- This application must be fully completed to be considered for employment. Incomplete applications may be rejected.
- If more space is needed, please indicate this on the application form and attach the additional paper to the application.
- Applications received after the deadline will not be considered.
- A separate application is required for each position.

**POSITION APPLIED FOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PERSONAL INFORMATION		
Last Name: _____	First _____ MI _____	Former name(s): _____
Mailing Address: _____		Social Security Number _____
City, State, Zip: _____		E-mail address: _____
Best time to call you at home is: _____	Home Phone _____	Cellular Phone (Optional) _____
May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone _____	Best time to all you at work is: _____
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed by the City of Waupaca before Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give dates: _____		Department: _____
Are you interested in: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>		Position: _____
Date available to begin work: _____		
Can you travel if position required it? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wisconsin Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____	Commercial Drivers License: Yes <input type="checkbox"/> No <input type="checkbox"/> CDL Classes: Endorsements: _____
Are you currently receiving or have you applied for an annuity under the Wisconsin Retirement System? Yes <input type="checkbox"/> No <input type="checkbox"/>		
How did you learn about this position? _____		

## EMPLOYMENT HISTORY

Give a complete record of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. Please include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. Please note that it is the policy of the city of Waupaca to contact an applicant's current employer only after that applicant has been deemed a finalist for a position.

Name of Employer	Telephone	Employed (Mo. & Yr.) From _____ To _____
Address		Hours per Week
Name of Supervisor/Title:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you have Supervisory Responsibilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, # Supervised
Your Job Title: Describe Your Work:		Reason for Leaving:

Name of Employer	Telephone	Employed (Mo. & Yr.) From _____ To _____
Address		Hours per Week
Name of Supervisor/Title:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you have Supervisory Responsibilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, # Supervised
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**(For additional employers, please use separate piece of paper)**

Explain any gaps in employment:
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## EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DEGREE OR DIPLOMA ACHIEVED
High		Not Applicable		
College				
Graduate				
Other				

## REFERENCES

List 3 Personal or Professional References. Do NOT include family members

Name	Occupation	Phone Number	Best Time to Call	Years Known
1.				
2.				
3.				

## RECORD OF LAW ENFORCEMENT CONVICTIONS

Have you ever been convicted of an offense other than minor traffic violations? Yes \_\_\_ No \_\_\_. If yes, list details below. Use additional sheet if necessary. Convictions are not an automatic bar to employment. This information will only be used if relevant to the position for which you are applying.

DATE	MUNICIPAL/COUNTY/STATE	LAW VIOLATED	(DISPOSITION: Bail, Forfeited, Fined, etc.)

## SPECIAL SKILLS AND QUALIFICATIONS

Describe any specialized training, apprenticeship, job-related skills and extra-curricular activities: (equipment operated, software, programs, foreign languages, professional licenses, etc.)


## PROFESSIONAL OR CIVIC ORGANIZATION MEMBERSHIP

List professional, trade, business or civic activities and office(s) held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status;


## ADDITIONAL INFORMATION

Please provide any other information which you feel pertinent to this application:


**City of Waupaca requires a pre-employment physical examination and for certain positions may require a pre-employment drug test. The City of Waupaca reserves the right to test all applicants for job related skills.**

## AUTHORIZATION AND SIGNATURE

I hereby certify that the answers given by me to the questions and statements on this application are true and correct. I hereby authorize the City to contact references, past or present employers, persons, schools, law enforcement agencies and other sources of information, which may be relevant to my application for employment.

It is understood and agreed that any misrepresentation, false statement or omissions by myself in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the City of Waupaca.

Persons offered certain positions may be required to pass a drug/alcohol, medical, physical fitness, psychological, criminal background check or other job related examination.

I hereby acknowledge that I have read and understand the statements above.

Applicant's Name (Print) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you need any special accommodations for an interview, please request this in advance. Thank you for completing this application and for your interest in employment with the city of Waupaca.**