

Thank you for applying for employment with the City of Platteville.

Complete the entire application, including signature and date, to ensure consideration. A resume may be attached but is not a replacement for the information requested in the application. The City of Platteville does not discriminate based on race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability. Applicants are not required to reveal any information that may identify these attributes. Completed applications should be submitted to City of Platteville, Job Application, P.O. Box 780, Platteville, WI 53818 or electronically to steffenc@platteville.org.

POSITION INFORMATION	
Position you are applying for:	Date
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Hours <input type="checkbox"/> Limited Term/Temporary	
How did you learn of this Position?	
<input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Employee <input type="checkbox"/> Walk-In <input type="checkbox"/> City Website <input type="checkbox"/> Other _____	

COMPLETE SECTION BELOW ONLY IF APPLYING FOR PARKS & RECREATION

Please indicate your preference for each position you are interested in by marking 1, 2, 3, ect. Next to positions below, with 1 being first choice.

RECREATION POSIITIONS:		AQUATICS POSITIONS:	
<input type="checkbox"/> Recreation Attendant (check below) <input type="checkbox"/> Dance: Ballet & Beyond <input type="checkbox"/> Introduction to Sports <input type="checkbox"/> Soccer (Pre-K) <input type="checkbox"/> T-Ball <input type="checkbox"/> Tennis <input type="checkbox"/> Special Populations Coach <input type="checkbox"/> Youth Camps <input type="checkbox"/> Volleyball Scorekeeper <input type="checkbox"/> Softball Scorekeeper	<input type="checkbox"/> Softball Umpire <input type="checkbox"/> Soccer Referee <input type="checkbox"/> Soccer Coach (Volunteer)	<input type="checkbox"/> Pool Manager <input type="checkbox"/> Assistant Pool Manger <input type="checkbox"/> Swim Team Coach <input type="checkbox"/> Assistant Swim Team Coach <input type="checkbox"/> Lifeguard	<input type="checkbox"/> Water Safety Instructor (check below) <input type="checkbox"/> Parent/Child <input type="checkbox"/> Level 1 - 3 <input type="checkbox"/> Level 4 - 6 <input type="checkbox"/> Adult <input type="checkbox"/> Adaptive <input type="checkbox"/> Pool Attendant

Please indicate when you are available to be scheduled (check AM or PM). Due to the nature of our business, the more available you are the more opportunities we can consider you for.

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM
To	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM

APPLICANT INFORMATION

Last Name	First	M.I.	
Street Address	Apartment/Unit #		
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary	Comments	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the City of Platteville?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

APPLICANT INFORMATION (CONTINUED)				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you related to any current City of Platteville employee or elected official?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?	
Have you ever been convicted of a misdemeanor crime of domestic violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?	
Are you prohibited by state or federal law from possessing a firearm?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?	
Do you possess a valid Wisconsin driver's license or a valid driver's license from another state?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, which state?	

EDUCATION										
High School				Address						
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, have you passed a high school Equivalency or GED test?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Complete NEXT THREE QUESTIONS if applying for POLICE OFFICER POSITION										
Have you successfully completed the basic training required for certification (i.e. law enforcement academy)?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where?			
If yes, what type(s) of basic training have you successfully completed?			<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Jail		<input type="checkbox"/> Secure Juvenile Detention			
Were you employed as a law enforcement officer prior to February 1, 1993			YES <input type="checkbox"/>	NO <input type="checkbox"/>	(The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)€, pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.)					

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Title	
Organization		Phone	
Relationship			
Full Name		Title	
Organization		Phone	
Relationship			
Full Name		Title	
Organization		Phone	
Relationship			

MILITARY SERVICE					
Branch			From		To
Rank at Discharge		Type of Discharge			
If other than honorable, explain					

PREVIOUS EMPLOYMENT (PLEASE LIST MOST RECENT FIRST)					
Employer				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 <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer				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 <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer				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 <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer				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 <input type="checkbox"/>	NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT CONT.

From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

SPECIAL SKILLS OR QUALIFICATIONS

Describe any special skills applicable to this position:

Describe any additional training and experience applicable to this position:

DISCLAIMER AND SIGNATURE

- I certify that the information provided in this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information to the City of Platteville that may be required to enable the City of Platteville to arrive at an employment decision.
- I release the City of Platteville and all providers of information from any liability as a result of furnishing and receiving any information related to the City of Platteville's hiring process.
- I understand that I may be required to submit to a pre-employment physical examination, including substance abuse screening, prior to appointment. I agree that the results of such examinations and screening may be released to the City of Platteville only for the consideration of my employment.
- I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment.
- I further understand that any appointment or job offer tendered to me will be contingent upon the results of additional testing, a complete check and fitness evaluation.
- I understand this application for employment will be considered active for up to 45 days. If I still want to be considered for employment thereafter, I will need to inquire as to whether or not applications are being accepted.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Platteville is of an "at will" nature, which means that as an "at will" employee, I may resign at any time and that the City of Platteville may discharge me at any time with, or without cause.
- I understand that if hired, I am required to abide by all rules and regulations of the City of Platteville.

Signature:		Date:	
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Electronic Signature Accepted (only available in Internet Explorer)

OPTIONAL: CONFIDENTIALITY

Under Wisconsin State Statutes, the names of applicants must be revealed unless a request for confidentiality is received from the applicant. If you wish to keep your name confidential to the extent allowed by the Wisconsin Statutes, you need to sign the request below. Please understand that should you become a finalist for employment and a request is made, Wisconsin Statutes require us to release your name.

I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____