

# APPLICATION FOR EMPLOYMENT

## CITY OF WISCONSIN RAPIDS HOUSING AUTHORITY

Position(s) Applied For: \_\_\_\_\_

The City of Wisconsin Rapids Housing Authority encourages applications from all persons.

The City's Human Resources Department is located in Room 303, Wisconsin Rapids City Hall, 444 West Grand Avenue, Wisconsin Rapids, WI 54495-2780

NOTE: PERSONS SELECTED FOR EMPLOYMENT MAY BE FINGERPRINTED AND MAY BE GIVEN A MEDICAL EXAM. Any offer of employment is contingent upon evaluation and approval of data received via fingerprint check and post-offer medical exam.

Name (Last, First, MI)	Social Security No.
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Address	City, State, Zip	Home Phone No. (include Area Code)
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Name and telephone number of person to notify in case of accident or emergency:
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Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period of Active Service
Branch:	From: To: Rank:

Will you accept Temporary Work <input type="checkbox"/> Yes <input type="checkbox"/> No Part-Time Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you now or have you ever been employed by the Housing Authority	NOW <input type="checkbox"/> Yes <input type="checkbox"/> No PAST <input type="checkbox"/> Yes <input type="checkbox"/> No	If so give job title	Department	Dates of employment
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Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number and CDL Classification
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EDUCATION	NAME OF SCHOOL	CITY/STATE	YEARS COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE
High School					
College					
Graduate					
Other Special Training					

Membership in professional organizations:
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What machines or office equipment can you operate? (List equipment and how well you operate it.)
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HAVE YOU BEEN CONVICTED OF OFFENSES WHICH RELATE REASONABLY TO FITNESS TO PERFORM THE PARTICULAR JOB BEING APPLIED FOR? IF YES, GIVE DETAILS BELOW (USE ADDED SHEETS IF NECESSARY). ☐ Yes ☐ No

DATE OF OFFENSE	PLACE	CHARGES	PENALTIES

Conviction record will not automatically exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the crime will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

IMPORTANT: We need the information requested below to aid us in determining your qualifications for the position. It is important that this data be as complete as possible in order that you receive maximum consideration. Please list your present and past full and part-time employment. Give special attention to experience relating to the job for which you are applying. Be sure to give volunteer work and any related self-employment and military service. You need not go back beyond 10 years unless you feel prior experience is reasonably related to the position for which you are applying. Use additional sheets if necessary. You may also attach a brief résumé to further explain your qualifications.

Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Number of employees you supervised: _____		( _____ hours per _____ )	
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Number of employees you supervised: _____		( _____ hours per _____ )	
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Number of employees you supervised: _____		( _____ hours per _____ )	

REFERENCES: List three persons who are not related to you who have knowledge of your qualifications for the position for which you are applying, such as former coworkers, teachers, etc. Do not repeat names of supervisors listed under Employment History

NAME	ADDRESS	BUSINESS OR OCCUPATION	PHONE

I certify that all statements on my application materials are complete and true to the best of my knowledge. I understand that false statements or omissions of fact shall be sufficient cause for rejection of this application, or dismissal if I am now an employee of the City of Wisconsin Rapids Housing Authority.

I understand that, if I am employed, such employment does not create a contractual obligation upon the Housing Authority to continue my employment and that I may be terminated, with or without cause and with or without notice, at any time.

The City of Wisconsin Rapids Housing Authority is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, or veteran status.

I grant permission to the City of Wisconsin Rapids Housing Authority to conduct a criminal background check and investigate my references, to include past employers listed above; and I authorize my references and past employers to provide the City of Wisconsin Rapids Housing Authority information which the Housing Authority deems appropriate. If there are any employers listed above who you do not wish us to contact, please indicate: \_\_\_\_\_

I understand that personnel hired by the City of Wisconsin Rapids Housing Authority shall be required to reside within a 15-mile radius of the Housing Authority Office (2521 10<sup>th</sup> Street South), within twelve (12) months of their date of hire or within the time limit set forth in said employee's employment agreement. All personnel hired by the Housing Authority shall be required, as a condition of their employment, to remain within a 15-mile radius of the Housing Authority Office, as long as they remain employed by the Housing Authority.

Signature of Applicant

Date

**CONFIDENTIALITY** – Candidates for Housing Authority positions may request confidentiality of their names and application information. However, for those positions identified as "local public offices" by §19.42(7)(w) Wis. Stats., the Housing Authority cannot maintain requested confidentiality if you are a "final candidate" for the position.

☐ I request confidentiality of my name as a candidate for this position.    ☐ I do not request confidentiality of my name as a candidate for this position.

Failure to indicate your preference will subject your name for release in accordance with the above statement.

**ADDITIONAL INFORMATION**

The State of Wisconsin permits us to ask applicants to voluntarily declare the following information provided it is used only for statistical purposes.  
Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment.  
This section will be detached from your application form and kept confidential.

1. Title of position for which you are applying:

4. Racial and/or ethnic heritage – Please check one:

- ☐ White    ☐ Black    ☐ Hispanic  
☐ Asian/Pacific Islander  
☐ American Indian/Alaska Native

2. Sex:

- ☐ Male   ☐ Female

5. Are you age 40 or older?

- ☐ Yes   ☐ No

3. Do you have a disability?

- ☐ Yes   ☐ No

Please complete the information below to assist us in evaluating our recruiting method.

I learned of this position through: (Check where appropriate)

- ☐ Recruiting bulletin posting   Where? \_\_\_\_\_
- ☐ Call or visit to Human Resources
- ☐ Job Service or other employment agency
- ☐ Newspaper      Please specify \_\_\_\_\_
- ☐ Other              Please specify \_\_\_\_\_