

**TOWN OF RIVER FALLS  
PIERCE COUNTY, WISCONSIN**

Application for Employment  
(Pre-employment Questionnaire)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap/disability or any other legally protected status.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
                    Last                      First                      Middle

Present Address \_\_\_\_\_  
  Street                                      City                                      State                                      Zip

Permanent Address \_\_\_\_\_  
  Street                                      City                                      State                                      Zip

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_                      Phone Number \_\_\_\_\_

In case of  
emergency notify \_\_\_\_\_  
  Name                                      Address                                      Phone Number

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so may we inquire  
of your present employer? \_\_\_\_\_

Ever applied to or worked for the Town before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

**EDUCATION**

School Level	Name and Location of School	No. of Years Attended	Did You Graduate	Subjects Studied
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

**FORMER EMPLOYERS:** (List below last three employers, starting with last one)

**Name and Address of Present or Last Employer**

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Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Month Year Month Year

Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_

Job Title \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Name and Address of Employer**

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Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Month Year Month Year

Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_

Job Title \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Name and Address of Employer**

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Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Month Year Month Year

Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_

Job Title \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**SPECIAL QUESTION**

Have you been convicted of a felony or misdemeanor within the last 5 years?\* Yes \_\_\_\_ No \_\_\_\_ Describe

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\*You will not be denied employment solely because of a conviction record unless the circumstances of the offense are substantially related to the job for which you have applied.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

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I understand and agree that I may be required to take a physical and/or psychological examination as a condition of hiring or continued employment. I specifically authorize, as part of the physical examination, a test for drugs and alcohol. I agree to consent to take such test(s) at such time as designated by the Town and to release the Town, its officers, agents or employees from any claim arising in connection with the use of such test(s).

Yes \_\_\_\_ No \_\_\_\_

**JOB DESCRIPTION**

I have read the Town of River Falls Employee Job Requirements. Yes \_\_\_\_ No \_\_\_\_

**REFERENCES:** Give below the names of three persons not related to you whom you have known at least one year that we may contact for job related references.

Name	Address	Business	Acquainted	Years

**GENERAL**

Subjects of Special Study or Research Work \_\_\_\_\_

Special Training \_\_\_\_\_

Special Skills \_\_\_\_\_

**SERVICE RECORD**

U.S. Military or  
Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Discharge Date \_\_\_\_\_

Present Membership In  
National Guard or Reserves \_\_\_\_\_ Date Obligation Ends \_\_\_\_\_

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsification, misrepresentation or omission statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date \_\_\_\_\_ Signature \_\_\_\_\_