CITY of ALMA
WISCONSIN

Application for Employment

Personal Information

It is highly encouraged that a professional resume be attached to this application when submitted.

Date:_____

Name (First, Middle, Last):_____

Address:_____ Telephone Number:_____

Applying for Job Title:_____ D.O.B_____

Are you 18 years of age or older? _____ Yes ____ No

Have you ever been convicted of a felony? _____ Yes ____ No

Are you either a U.S. citizen or authorized to work in the United States? ____ Yes ____ No

Have you, or are you currently serving in the United States Military? ____ Yes ____ No

Dates:_____

Do you have a high school diploma or GED? ___ Yes ____ No

Any current licenses/certificates/ special skills that would benefit you in this position?_____

_____

Education

Name of School:_____ Graduation Year: _____

Degree Earned:_____

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Degree Earned:_____

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Degree Earned:_____

Name of School:_____ Graduation Year: _____

Degree Earned:_____

Professional Experience

PROFESSIONAL EXPERIENCE 1:

Name and Address of Company:_____

Dates of Employment:_____

List of Duties:_____

_____

Starting Wages:_____ Ending Wages:_____

Reason for Leaving:_____

PROFESSIONAL EXPERIENCE 2 :

Name and Address of Company:_____

Dates of Employment:_____

List of Duties:_____

_____

Starting Wages:_____ Ending Wages:_____

Reason for Leaving:_____

PROFESSIONAL EXPERIENCE 3 :

Name and Address of Company:_____

Dates of Employment:_____

List of Duties:_____

_____

Starting Wages:_____ Ending Wages:_____

Reason for Leaving:_____

PROFESSIONAL EXPERIENCE 4 :

Name and Address of Company:_____

Dates of Employment:_____

List of Duties:_____

_____

Starting Wages:_____ Ending Wages:_____

Reason for Leaving:_____

Professional References

Name of Individual:_____ Title: _____

Phone Number:_____ Email: _____

Name of Individual:_____ Title: _____

Phone Number:_____ Email: _____

Name of Individual:_____ Title: _____

Phone Number:_____ Email: _____

Name of Individual:_____ Title: _____

Phone Number:_____ Email: _____