

CITY OF HUDSON, WISCONSIN APPLICATION FOR EMPLOYMENT

City of Hudson
505 Third Street, Hudson, WI 54016
715 386 4765

(PLEASE PRINT OR TYPE)

Position Being Applied For	
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Last Name	First Name	Middle Name
Street Address		
City, State, Zip	Email Address	Phone Number

Education				
Do you have a high school diploma or GED equivalent? (yes or no)				
Post high school education (university, technical college, certificate programs, etc.)				
Name of school or program	Dates Attended		Did you graduate? (yes or no)	List Degree Type (Certificate, Associates, Bachelors, Masters, etc.) and Course of Study
	From	To		

List certifications or licenses that are relevant to, or required for, this position		
Type of Certification or License	Certificate or License Number (if any)	Expiration Date (if any)

Employment Experience
<p>On the next two pages, provide your most recent employment history, starting with your current or most recent job. If you received promotions with the same employer, note this in the section where you list your duties and responsibilities. Provide all information in each section. If you had breaks in your employment or have additional employment experience that you feel is relevant to this position, please attach details on a separate page.</p>

Employer		City, State	
Position		Supervisor	
Start Date		End Date	
Number of Staff Supervised		Hours Worked Per Week	
		Last Wage or Salary	
		Reason for Leaving	
May we contact this employer? If yes, please provide a contact person and phone number			
Detail major duties and responsibilities, especially those relevant to position being applied for			

Employer		City, State	
Position		Supervisor	
Start Date		End Date	
Number of Staff Supervised		Hours Worked Per Week	
		Last Wage or Salary	
		Reason for Leaving	
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Detail major duties and responsibilities, especially those relevant to position being applied for			

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Position		Supervisor	
Start Date		End Date	
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Detail major duties and responsibilities, especially those relevant to position being applied for			

Employer		City, State	
Position		Supervisor	
Start Date		End Date	
Number of Staff Supervised		Hours Worked Per Week	
		Last Wage or Salary	
		Reason for Leaving	
May we contact this employer? If yes, please provide a contact person and phone number			
Detail major duties and responsibilities, especially those relevant to position being applied for			

If selected for the position, when would you be available for employment?

If you have ever served in the United States military, please provide details below

Branch of Military Service	Serial Number	Dates of Service	
		From	To

List any professional or civic organizations or volunteer activities that you have participated in relevant to this position, including any leadership positions you may have held

Driver's License Number

State Issued By

Class

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List any machinery, software, tools or other equipment or devices that you have utilized in your prior employment that would be relevant to this position

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To ensure compliance with the City's employment and personnel policies, please disclose if you have any immediate family members currently employed by the City. For the purposes of this question, "immediate family members" includes spouses, children, parents, siblings, or other close familial relatives.

Do you have any immediate family members employed by the City?

Yes	
No	

If yes, please provide the following information for each immediate family member employed by the City:

Full Name	
Relationship to you	
Department/Position	

Applicant's Statement

I certify that the information provided on this application is true and complete to the best of my knowledge. In the event of employment, I understand that any false or misleading information given in my application or in any interview(s) or testing may result in my immediate discharge.

I authorize the verification of all information and statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if I am offered employment, I may be subject to drug testing and a criminal background check to determine fitness for the position.

I understand that this application does not constitute an offer of employment with the City of Hudson. I understand that it is my responsibility to submit any contact information or availability changes to the City's Human Resources Director.

Signature of Applicant

Date Signed