



CITY OF ONALASKA
 415 Main Street • Onalaska, WI 54650
 (608) 781-9530 • fax (608) 781-9534
<http://www.cityofonalaska.com>

Re-Employment Application

City of Onalaska is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of age, race, creed, color, disability or handicap, marital status, sex, national origin, ancestry, sexual orientation, arrest or conviction record, or veteran status.

Complete a separate application for each position. Applications are accepted for posted positions only. Resumes will not be accepted without an application. Print clearly, be specific and complete, and sign your application. You will be expected to answer all questions truthfully and completely. Any failure to provide factual responses to this application will result in a finding by the City of fraudulent misrepresentation which can result in either the rejection of your application or your termination. If you have questions when completing this application, please contact Human Resources for assistance.

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|------------------------|--------|-------------|--|
| Position applying for: | | Date: | |
| Full Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Home Phone: | | Work Phone: | |

Are you 18 years of age or older? Yes No

Do you possess a valid Wisconsin driver's license? Yes No

Do you possess a valid driver's license from another state? Yes No If yes, what state? _____

Do you possess a valid Wisconsin commercial driver's license? Yes No

Have you ever been convicted of a criminal violation, meaning an conviction other than for a minor traffic or ordinance offense? Yes No

(You must report all convictions, past and present. A conviction will not automatically disqualify you from employment but any dishonesty relevant to this response will remove your application from further consideration or result in termination of your employment.)

If yes, please explain: _____

Education: *(If additional space is needed, please attach blank sheets as necessary.)*

| Name & Location of Current School | Major Course of Study |
|-----------------------------------|-----------------------|
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Employment: Please list your current employer, and any prior employment with the City of Onalaska.

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|---|---------|
| Name and Address of Company: City of Onalaska 415 Main Street, Onalaska | |
| Dates of Employment: To | Salary: |
| Name and Title of Supervisor: | |
| Job Title: | |

| | |
|--|---------|
| Name and Address of Company: | |
| Dates of Employment: To | Salary: |
| Name and Title of Supervisor: | Phone: |
| Job Title: | |
| Duties: | |
| Reason for Leaving: | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Additional Information:

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By signing below, I certify that all statements made on this application are true and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if already employed, will result in dismissal. My signature authorizes the City of Onalaska to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees, employment-related information from former employers or references, and any information needed to complete a criminal background check. I understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to appointment to a position with the City of Onalaska; I also understand that refusal to participate will result in the withdrawal of any offer of employment.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|