



City of Lodi Employment Application

City of Lodi
130 South Main Street
Lodi, WI 53555-1119
Phone: 608-592-3247

The City of Lodi fully supports the concept of Equal Employment Opportunity and Affirmative Action and will continue to do so. It is our policy to effect all personnel transactions, including, but not limited to recruitment and employment, promotion, demotion and transfer, compensation and selection for training without discrimination and to ensure equal treatment of employees, regardless of sex, race, religion, color, national origin or ancestry, age, disability, marital status, source of income, arrest record or conviction record.

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Administration Department.

Applicant Information

Full Name: _____ Date: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: (_____) E-Mail Address: _____

Position Applied For: _____ Date Available: _____ Desired Salary: _____

Are you a Citizen of the United States? Yes No If no, are you authorized to work in the United States? Yes No

Have you ever worked for this organization? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Do you have a Commercial Driver's License (CDL)? Yes No

Previous Employment

Organization: _____ Phone: (_____)

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Organization: _____ Phone: (_____)

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Organization: _____ Phone: (_____)

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Certifications and Licenses: _____

References

Please list a minimum of three professional references.

Full Name: _____ Relationship: _____

Organization: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Organization: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Organization: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Organization: _____ Phone: (____) _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Please read the paragraphs below very carefully before signing

I certify that my answers to the questions are true to the best of my knowledge and am aware that misrepresentation or omission of facts called for on this form is cause for rejection of my application or immediate discharge from the organization's service, I voluntarily give the City of Lodi the right to make a thorough investigation of my past employment, agree to cooperate in such investigation and release from all liability of responsibility all persons, companies, or corporations supplying such information.

I understand that this application for employment shall be considered active for the period of time not to exceed six (6) months.

It is hereby understood and acknowledged that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature: _____ Date: _____