



7. Have you been convicted of a felony or misdemeanor, or released from prison in the past 10 years? **Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.** If yes, please explain: \_\_Yes \_\_No
8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? **Note: A yes answer will not automatically disqualify you from employment.** If yes, please explain: \_\_Yes \_\_No
9. Are you able to perform the tasks listed on the enclosed/attached job description with or without an accommodation? \_\_Yes \_\_No
10. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job? \_\_Yes \_\_No
11. Do you have a relative currently employed by the City of Chippewa Falls? (Relative means spouse, son, daughter, stepchild, father, mother, stepparent, brother, sister, grandparent, father-in-law, mother-in-law, brother-in-law, or sister-in-law) \_\_Yes \_\_No  
**If yes, please identify:** \_\_\_\_\_

### EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS/TRAINING				

Please provide below any additional information you believe would be of value in considering you for employment. Include and JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended:

**EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS**  
**ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RESUME IS INCLUDED**

Present or Last Employer – Company Name:	Dates of Employment      From:                      To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	May We Contact?      ___ Yes      ___ No  <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment      From:                      To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment      From:                      To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment      From:                      To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other



**RESIDENCE HISTORY - PRESENT & FORMER RESIDENCES**  
**ATTACH ADDITIONAL SHEET IF NECESSARY**

<b>Present or Last Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence From: To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence From: To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence From: To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>

<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence From: To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>
<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence From: To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>

<b>Next Previous Address:</b>	<b>City, State, Zip:</b>
<b>Dates of Residence From: To:</b>	<b>Landlord or neighbor: Name, Address and telephone number</b>