



## WORK EXPERIENCE

*Start with your present or last job. Include any job-related military experience and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, natural origin, disabilities or other protected status.*

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed (From /To): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Regulations while employed by this employer? Yes \_\_\_ No \_\_\_  
 Was the job you held for this employer designated as a safety-sensitive position that required you to undergo DOT-regulated drug & alcohol testing? Yes \_\_\_ No \_\_\_

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed (From /To): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Regulations while employed by this employer? Yes \_\_\_ No \_\_\_  
 Was the job you held for this employer designated as a safety-sensitive position that required you to undergo DOT-regulated drug & alcohol testing? Yes \_\_\_ No \_\_\_

Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed (From /To): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Regulations while employed by this employer? Yes \_\_\_ No \_\_\_  
 Was the job you held for this employer designated as a safety-sensitive position that required you to undergo DOT-regulated drug & alcohol testing? Yes \_\_\_ No \_\_\_

List any experience or training that would qualify you for a position with the City of Elroy.

\_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL REFERENCES *(Do not include friends or family members)*

Name	Telephone	Best Time To Call	Occupation
1.			
2.			
3.			

**COURT RECORD**

Have you ever been convicted of, or plead guilty or no contest to, motor vehicle laws or ordinances (other than parking violations), a misdemeanor or a felony, or been convicted in a military court martial? Yes \_\_\_\_ No \_\_\_\_  
If yes, give the date and explain.

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(A conviction will not necessarily disqualify you from employment)

**DRIVING RECORD**

**Complete this section only if the position you are applying for requires a driver's license or commercial driver's license.**

Please describe all experience you have operating motor vehicles, indicating Class/Type of Equipment and Dates of Operation:

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Has any license, permit or privilege to operate a motor vehicle held by you been denied, suspended or revoked?  
Yes \_\_\_\_ No \_\_\_\_ If "yes," please provide detail, including dates:

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Please list all motor vehicle accidents in which you were involved during the past three (3) years (include dates, type of accident, number of fatalities/injuries):

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING**  
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? I have received and read the job description and understand the activities involved. Yes \_\_\_\_ No \_\_\_\_

I certify that answers given herein are true and correct and authorize investigation of all statements contained in this application for employment. In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City of Elroy. I understand that the City of Elroy is an "at will" employer and that I will be employed "at will" if I am hired.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date