

APPLICATION FOR TEMPORARY EMPLOYMENT



City of La Crosse
400 La Crosse St
La Crosse WI 54601

Phone: (608) 789-7595
Fax: (608) 789-7598
E-mail: hr@cityoflacrosse.org

Personal Information

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Are you eligible to work in the USA? YES NO

Department(s) Applying For:

If you are interested in more than one of the following departments, please indicate your preference by using 1 as your first choice, 2 for second choice, etc.

Airport _____ Parks _____ Sewer _____

Streets _____ Water _____

Position Title: _____

Availability:

What dates are you available? From: _____ (date) To: _____ (date)

Days & Hours available:

Sun:	_____ a.m. /p.m.	to	_____ a.m./p.m.
Mon:	_____ a.m. /p.m.	to	_____ a.m./p.m.
Tues:	_____ a.m. /p.m.	to	_____ a.m./p.m.
Wed:	_____ a.m. /p.m.	to	_____ a.m./p.m.
Thurs:	_____ a.m. /p.m.	to	_____ a.m./p.m.
Fri:	_____ a.m. /p.m.	to	_____ a.m./p.m.
Sat:	_____ a.m. /p.m.	to	_____ a.m./p.m.

Driving Record

Do you have a valid driver's license? YES NO If yes, from what state? _____

If no, are you able to obtain one? YES NO Type of driver's license: _____

Driver's license number _____

Do you hold a commercial driver's license? YES NO If yes, Class A ___ B ___ C ___

Have you ever been involved in an accident? YES NO If yes, please provide information: Accident Date: _____ City, State: _____

Have you ever had your driver's license suspended? YES NO

Education

High School: _____

College or Technical College: _____

Are You Currently A Student? _____ Course of Study: _____

Employment History

Employer: _____ Phone Number: _____

Address: _____

Dates Employed – From: _____ To: _____

Reason for leaving: _____

Position: _____

Duties: _____

Employer: _____ Phone Number: _____

Address: _____

Dates Employed – From: _____ To: _____

Reason for leaving: _____

Position: _____

Duties: _____

Employer: _____ Phone Number: _____

Address: _____

Dates Employed – From: _____ To: _____

Reason for leaving: _____

Position: _____

Duties: _____

Personal References

Name/Occupation/Employer	Address	Phone Number

I understand that falsification of this application may result in disqualification or removal from a City position.

Signature: _____ **Date:** _____

Solely to help the City of La Crosse comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Equal Employment Opportunity Form. This data is voluntary and will be kept in a confidential file separate from the application. This information will in no way be used in the decision to hire or promote. Your cooperation is appreciated.

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

NAME: _____
(Last) (First) (Middle)

POSITION APPLYING FOR: _____

GENDER TO WHICH YOU IDENTIFY: _____ MALE _____ FEMALE

DATE OF BIRTH: _____

ETHNIC/RACE IDENTIFICATION

_____ WHITE/CAUCASIAN

_____ BLACK

_____ HISPANIC / CHICANO / PUERTO RICAN / MEXICAN AMERICAN /
SPANISH AMERICAN / CUBAN

_____ AMERICAN INDIAN OR ALASKAN NATIVE

_____ ASIAN / PACIFIC ISLANDER

_____ OTHER RACE (MULATTO, CREOLE, MESTIZO)

_____ TWO OR MORE RACES

REFERRAL SOURCE:

_____ LA CROSSE TRIBUNE

_____ FRIEND / RELATIVE

_____ CITY WEBPAGE

_____ RADIO

_____ JOB INTEREST CARD

_____ OTHER (Specify): _____