NAME

# **APPLICATION FOR EMPLOYMENT**

**MISSISSIPPI RIVER REGIONAL PLANNING COMMISSION (MRRPC)**

**1707 Main Street, Suite 435 La Crosse, WI 54601**

## **An Equal Opportunity Employer**

 Last First   Middle

Position Applying for:

Date:

**Instructions:** ● Please complete this application on your computer then save it in a Portable Document Format (PDF) and E-mail your application and your resume to: sarah@mrrpc.com by Noon on December 18, 2023. ● The application ***must be filled out completely.***  Failure to fill out the application completely may result in disqualification ● If you have questions or need accommodations for a disability during any stage of the selection and interview process, contact the Commission office at (608) 785-9396.

Present Address: Length of time resided:

 Street Address City State Zip

Last Previous Address: Length of time resided:

Home Telephone Number: ( ) - E-Mail Address (if any):

Number where you can be reached during the day from 8:00 AM-5:00 PM:( ) -

If you have voicemail, may we leave a message on it? Yes No

If you have the ability to text, may we send you a text message? Yes No

Social Security # - - Expected Salary $

Are you currently employed? Yes No What date are you available for work? Are you over the age 18? Yes No

Do you have access to a vehicle? Yes No Do you have a reliable method of transportation to get to work? Yes No

Do you have a valid driver’s license? Yes State: No

List any special skills, licenses, certifications, or qualifications that you feel qualify you for this position:

Veteran? Yes No Date of Duty? From / to / Are you a member of any Reserve? Yes No Reserve Unit?

Rank and specialty held at discharge? Branch of Service?

List computer software programs you can operate proficiently.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Dates Attended | Graduated | Type of Degree | Courses of Study | Grade Avg. |
| EDUCATION | Name and School Location | From | To | Yes | No |  |  |
| High School |  |  |  |  |  |  |  |  |
| College University |  |  |  |  |  |  |  |  |
| Military School |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |

**EMPLOYMENT HISTORY AND EXPERIENCE: IMPORTANT: List your present job first – GIVE HISTORY OFALL FULL AND PART-TIME JOBS FOR THE PAST 10 YEARS.** **All blanks must be completed even if you attach a resume.** (Do Not write “see resume” in the blanks). Include Military Service, if any (*USE ADDITIONAL PAPER IF NECESSARY*.) The information below must be complete for us to determine your qualifications. Incomplete answers may result in disqualification. Give details on experience related to the job for which you are applying and also list experience beyond ten years, if reasonably related. Give military service, self-employment and volunteer work, if applicable.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| From Mo/Yr | To Mo/Yr | Employers Name, Address and Phone Number | Title and Duties of Position | Supervisor’s Name | Hrs per Wk | Salary | Reason for Leaving |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

REFERENCES: List those people who have knowledge of your qualifications. (Do not list relatives or supervisors which are listed above!)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Telephone | Occupation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please describe what you believe to be the most challenging project or projects you have accomplished in the past that will benefit you the most in being successful as a Planner with the MRRPC

 **CONSENT FOR DRUG TESTING**

The Mississippi River Regional Planning Commission maintains a DRUG FREE WORKPLACE. Use of illegal drugs or substances or abuse of legal drugs by employees is not permitted.

As an applicant for employment with the Mississippi River Regional Planning Commission, I consent to and agree to pre-employment and random post-employment testing of my breath, urine or blood to detect the presence of drugs in violation of the Mississippi River Regional Planning Commission’s Drug Free Workplace Policy.

I understand that a positive test may result in voiding of my application for employment and/or discipline up to and including discharge if employed.

This consent is continuing until revoked in writing.

Date:

 Signature

**NOTICE TO APPLICANTS ON CONFIDENTIALITY**

Wisconsin Statutes, Section 19.36(7), 64.09(5), and 64.11(7) require public employers to treat the following items as a public record: each applicant’s application; records; recommendations; and qualifications except as provided in Section 19.36(7) Wis. Stats., which allows the identity of an applicant to remain confidential if the applicant requests in writing that the employer not provide access to this information.

If you choose *not to have this information become public record*, you must request in writing to the Mississippi River Regional Planning Commission, 1707 Main Street, Suite 435 La Crosse, WI 54601. (However, if you become a finalist for a position, your identity may be disclosed as required by law.) You may write you request here:

Date:

 Signature

The applicant states that this application is true and complete and understands and agrees that any willful falsification or any information on application materials can result in voiding of application for employment with the Mississippi River Regional Planning Commission and, if employed, may result in termination. It is further agreed that I will submit to a physical examination, if required, at the expense of the Mississippi River Regional Planning Commission. I further empower the MRRPC Director within one year of date, to obtain information and records pertaining to me from any or all of the following sources: (1) Any previous employers; (2) Present employer; (3) Any educational institution; (4) Any licensing authority when required for the position being considered. I hereby release any individual, institution or business, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, direct or indirect, on behalf of myself and my heirs, family or assigns arising because of good faith compliance with authorization and release of information or any attempts to comply with it. A copy of this release is as good as the original. List by number, exceptions to this blanket authorization .

Date Applicants Signature

The MRRPC operates its employment, programs and services without regard to race, color, age, sex, disability, low income, limited English proficiency, and national origin in accordance with Title VI of the Civil Rights Act.