

# EMPLOYMENT APPLICATION

Today's Date: \_\_\_\_\_

## Applicant Note

This application form is intended for the use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

Name: \_\_\_\_\_  
Last First M.I.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City, State Zip

Prior Address: \_\_\_\_\_  
(if relocated less than five years ago) Street City, State Zip

Position Applying For: \_\_\_\_\_ Salary / Hourly Wage Expectation: \$ \_\_\_\_\_

What date can you start? \_\_\_\_\_ Available Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Are you authorized to work in the U.S.? \_\_\_\_\_

Have you used any names other than given above? If so please list \_\_\_\_\_

Have you been convicted of a crime or felony in the past seven years? If so please describe below.

Incident	City/State	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Job-Related Skills / Security / Qualifications

Do you have a valid Wisconsin driver's license? \_\_\_\_\_ License # and exp. Date: \_\_\_\_\_

Please list any skills, licenses, or certifications that may be job-related or that you feel would be of value to this job \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working for a local government and/or public works setting? \_\_\_\_\_

If so, briefly explain your background \_\_\_\_\_  
\_\_\_\_\_

## Previous Employers

Most Recent Employer: \_\_\_\_\_

Are you currently working for this employer? \_\_\_\_\_ If yes, can we contact this employer? \_\_\_\_\_ Contact: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City, State Zip

Employer Phone: \_\_\_\_\_ Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2<sup>nd</sup> Most Recent Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City, State Zip

Employer Phone: \_\_\_\_\_ Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3<sup>rd</sup> Most Recent Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City, State Zip

Employer Phone: \_\_\_\_\_ Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### References

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address / Phone: \_\_\_\_\_  
Street City/State Zip Phone #

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address / Phone: \_\_\_\_\_  
Street City/State Zip Phone #

### Education

High School \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

College \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Other \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

### Certification and Release

I certify that I have read and understand the applicant role on page on of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the Village and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release them of any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If Village policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_