

# Application for Employment Town of Washington

## An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

In consideration of employer entering this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

(PLEASE PRINT)

Position Applied For: \_\_\_\_\_  
 Full Time     Part Time     Temporary    Date of Application \_\_\_\_\_

### How Did You Learn About Us?

Advertisement     Friend     Walk-In     Employment Agency     Relative  
 Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address Street # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Should you be injured on the job please provide a contact name and telephone number

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relation: \_\_\_\_\_

If you are under the age of 18, can you provide required proof of your eligibility to work?     Yes     No

Have you ever filed an application for employment with us before?     Yes     No

If Yes, give date \_\_\_\_\_ Position \_\_\_\_\_

Have you ever been employed with us before, if so when? \_\_\_\_\_     Yes     No

Are you currently employed?     Yes     No

May we contact your current employer?     Yes     No

On what date would you be available to work? \_\_\_\_\_

Can you travel if your job requires it?     Yes     No

Do you have a valid Wisconsin Drivers License?     Yes     No

Have you ever been convicted of a felony     Yes     No

## EDUCATION

Elementary School \_\_\_\_\_ Grade Completed \_\_\_\_\_

High School \_\_\_\_\_ Grade Completed \_\_\_\_\_

Undergraduate College/University \_\_\_\_\_ Degree Earned \_\_\_\_\_

Graduate/Professional \_\_\_\_\_ Degree Earned \_\_\_\_\_

Describe any specialized Training, apprenticeship, skills and extra-curricular activities:

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Describe any honors/awards you have received that may help you in the position for which you are applying

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State any additional information you feel may be helpful to us in considering your application

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**Please indicate any foreign languages you can speak, read and/or write**

	<b>LANGUAGE</b>	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>				
<b>READ</b>				
<b>WRITE</b>				

List any professional, trade, business or civic activities or offices held. (You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status).

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## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

3. \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

Have you ever had any job related training in the United States Military  Yes  No

If Yes please describe: \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying  Yes  No

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>Employer</b>	<b>Dates Employed</b>		<b>Salary</b>		<b>Work Performed</b>	<b>May We Contact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>From</b>	<b>To</b>	<b>Starting</b>	<b>Final</b>		
<b>Address</b>						
<b>Telephone #</b>						
<b>Job Title</b>						
<b>Reason For Leaving:</b>						
<b>Employer</b>	<b>Dates Employed</b>		<b>Salary</b>		<b>Work Performed</b>	<b>May We Contact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>From</b>	<b>To</b>	<b>Starting</b>	<b>Final</b>		
<b>Address</b>						
<b>Telephone #</b>						
<b>Job Title</b>						
<b>Reason For Leaving:</b>						
<b>Employer</b>	<b>Dates Employed</b>		<b>Salary</b>		<b>Work Performed</b>	<b>May We Contact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>From</b>	<b>To</b>	<b>Starting</b>	<b>Final</b>		
<b>Address</b>						
<b>Telephone #</b>						
<b>Job Title</b>						
<b>Reason For Leaving:</b>						

**\*If you need additional space, please attach a separate sheet.**

## APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as, may be necessary in arriving at an employment decision.

In case of employment, I understand that false or misleading information given in my application or interview (s) may result in immediate discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

• Please note:

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offered Position:  Yes  No Employment To Begin On : \_\_\_\_\_ Position

Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Orientation Period \_\_\_\_\_

Department \_\_\_\_\_ Hired By \_\_\_\_\_ Date \_\_\_\_\_

(Name & Title)

(Date)

Special arrangement if any

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_