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

_____

Your Social Security #_____-_____-_____

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:

_____

_____

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

_____

_____

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

_____

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

	LANGUAGE	FLUENT	GOOD	FAIR
SPEAK				
READ				
WRITE				

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).

_____

_____

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 Unites 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.

Employer	Dates Employed		Salary		Work Performed	May We Contact
	From	To	Starting	Final		☐ Yes ☐ No
Address						
Telephone #						
Job Title						
Reason For Leaving:						

Employer	Dates Employed		Salary		Work Performed	May We Contact
	From	To	Starting	Final		☐ Yes ☐ No
Address						
Telephone #						
Job Title						
Reason For Leaving:						

Employer	Dates Employed		Salary		Work Performed	May We Contact
	From	To	Starting	Final		☐ Yes ☐ No
Address						
Telephone #						
Job Title						
Reason For Leaving:						

***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

_____

_____

_____