



## **APPLICATION FOR EMPLOYMENT**

### **Personal Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last*

*First*

*M.I.*

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

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

Email Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Have you ever been employed by the Town?

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, when: \_\_\_\_\_

Are you related to any current Town employee or elected official?

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, who? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, explain: \_\_\_\_\_

I am currently authorized to work in the United States?

Yes \_\_\_\_\_

No \_\_\_\_\_

Basis of Statement: \_\_\_\_\_

### **Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

## **References**

*Please list three professional references*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Previous Employment**

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Hourly \$: \_\_\_\_\_ Ending Hourly \$: \_\_\_\_\_ Average Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Hourly \$: \_\_\_\_\_ Ending Hourly \$: \_\_\_\_\_ Average Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Hourly \$: \_\_\_\_\_ Ending Hourly \$: \_\_\_\_\_ Average Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Disclaimer and Signature**

PLEASE READ THE PARAGRAPHS BELOW VERY CAREFULLY BEFORE SIGNING

*I certify that my answers to the questions are true to the best of my knowledge and am aware that misrepresentation or omission of facts called for on this form is cause for rejection of my application or immediate discharge from the organization's service. I voluntarily give the Town of Westport the right to make a thorough investigation of my past employment, agree to cooperate in such investigations, and release from all liability of responsibility all persons, companies, or corporations supplying such information.*

*I have read the job description for the position and meet the minimum standards.*

*I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months.*

*It is hereby understood and acknowledged that any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.*

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

### **Authorization for Release of Information**

*(For official use only, not to be released to unauthorized persons.)*

I hereby empower an employee of the **Town of Westport** bearing this release too, within one year of its date, obtain information and records pertaining to me from any or all the following sources:

1. Municipal, state, or federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college, university, or educational institution
9. Any law enforcement or jail officer

### **Exceptions to this blanket authorization**

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).
2. \_\_\_\_\_

This release is executed to authorize the **Town of Westport**, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be disseminated for any purpose.

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ WI Driver's License #: \_\_\_\_\_