

TOWN OF WASHINGTON • EAU CLAIRE COUNTY, WISCONSIN An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

READ CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

A resume may not be substituted for this official application in whole or in part.

Study the minimum qualifications listed in the announcement. If you believe that you meet these qualifications, complete this application. Answer all questions applicable to the position for which you are applying. Be thorough. Your answers determine whether you will be considered for the position.

Your completed application, together with any additional information specified in the announcement, must be received not later than the closing date if specified in the announcement. Incomplete or unsigned applications cannot be processed.

Exact Title of Position Applying For								
First Name			MI	Last Nam	e			
Address				City			State & Zip	
Home Phone			_ Cell Ph	none				
Email								
Former Names Used								
Social Security #				Date Av	ailable to Start			
EDUCATION								
Name of High School					Graduated?	Yes 🗆 No	G.E.D.? 🗖 Yes	□ No
City and State					Year		Year	
SCHOOL For each level of education which applies to you, give name, City & State of last school you attended	Dates A To (Mo. Yr.)	ttended From (Mo. Yr.)	Did you Graduate?	Course of Study. types of program	. Give major, minor, a pursued, etc.		nd date of degree, iploma, or other warded	Credits Earned
Undergraduate College City & State			□ Yes □ No					
Graduate College City & State			□ Yes □ No					
Business of Technical City & State			□ Yes □ No					
Military or Correspondence City & State			□ Yes □ No					
Other City & State			□ Yes □ No					

REFERENCES List three persons we may contact <u>at this time</u> who are NOT related to you and have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not give names of supervisors listed under EXPERIENCE.				
First & Last Name	Present Home Address (Number, Street, City, State and ZIP Code)	Business/Occupation		

SPECIAL SKILLS AND QUALIFICATIONS (Please complete the following as they apply to the position for which you are applying)

Served Formal Apprenticeship? Yes No What Trade for Years When When Where	Current License or Registration as a Member of some Trade or Profession Name/Kind Number Date Issued Expiration Date
Office Work Typing (words per minute) Experience in transcribing mechanically recorded material? □ Yes □ No	List office machines other than a typewriter which you can operate skillfully.

Do you posses a	valid driver's license?	□ Yes	🗆 No	
State	License Number			Expiration Date

EXPERIENCE List your last four (4) jobs, including relevant volunteer experience. If you were employed under another name, include the name by which you were known to your employer. IN ADDITION, LIST ANY EARLIER EXPERIENCE OF ANY KIND REQUIRED FOR THIS POSITION. Part-time work will be pro-rated in determining experience qualifications. If additional space is needed, attach a sheet of paper. Only those jobs listed will be considered in evaluating your qualifications. THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME.

Are you presently working? □ Yes □ No

Does the Town of Washington have your permission to contact your present employer at this time?

Name of Employer	Dates of Employment
Address	From (Mo. & Yr.) To (Mo. & Yr.)
Job Title	Total Time (years & months)
Duties	Full Time Part Time
	□ Paid □ Not Paid
	Hours per week
Reason for Leaving	Starting Salary Ending Salary
Name and Title of Immediate Supervisor	Number of employees supervised
	Professional Non-Professional

Name of Employer Address Job Title Duties	Dates of Employment From (Mo. & Yr.) To (Mo. & Yr.) Total Time (years & months) □ Full Time □ Part Time □ Paid □ Not Paid Hours per week
Reason for Leaving Name and Title of Immediate Supervisor	Starting Salary Ending Salary Number of employees supervised Professional
Name of Employer	Dates of Employment From (Mo. & Yr.) To (Mo. & Yr.) Total Time (years & months) □ Full Time □ Part Time □ Paid □ Not Paid Hours per week Starting Salary Ending Salary Number of employees supervised Professional Non-Professional
Name of Employer Address Job Title Job Title Duties Reason for Leaving Name and Title of Immediate Supervisor	Dates of Employment From (Mo. & Yr.) To (Mo. & Yr.) Total Time (years & months) □ Full Time □ Part Time □ Paid □ Not Paid Hours per week Starting Salary Ending Salary Number of employees supervised Professional Non-Professional

Summarize your special skills or qualifications for this position _____

Have you ever been discharged or forced to resign from any position for reasons other than layoff due to lack of work?	□ Yes	🗆 No
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If yes, give name of employer and brief explanation _____

Are you 18 years of age or older?

If you are not a United States Citizen, do you have permission to work in the United States from the U.S. Immigration and Naturalization Service? Yes No (You will be required to submit proof of your permission to work if employed.)

What hours are	you able to work?
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HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? If yes, complete the following:

Offense	Date	City and State	Fine or Sentence

NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT AND WILL ONLY BE CONSIDERED WHERE A BONAFIDE OCCUPATIONAL QUALIFICATION EXISTS.

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT

A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your application.

CERTIFICATION: I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Applicant Signature

Date Signed