

<u>Village of West Salem</u>

175 South Leonard Street, West Salem, Wisconsin 54669

(608) 786-1858 Fax (608) 786-1988

APPLICATION FOR EMPLOYMENT

(REVISED MAY 2003)

The Village of West Salem considers all applications without regard to race, color, religion, creed, gender, natural origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL DATA

Position(s) Applied For				Date of Application		
Name	Last		First	Middle		
Present Addre	ess					
	Number	Street	City	State	Zip Code	
Previous Addr	ess (List all prev	ious addresses within	the last 10 years)			
	Number	Street	City	State	Zip Code	
	Number	Street	City	State	Zip Code	
	Number	Street	City	State	Zip Code	
	Number	Street	City	State	Zip Code	
	Number	Street	City	State	Zip Code	
Telephone #	·		Socia	I Security #		
			2			
				If yes, give date(s)		
Are you curre	ntly employed	?	May we conta	ct your present employe	r?	
Date available	ofor work		Can you trave	I if a job requires it?		
Are you able t	o work: Full	Time	Part Time	Temporary	<u> </u>	
Are you currei	ntly on "lay-off	" status and subje	ct to recall?	Do you have a CD	L License?	
A. Have you	ever pleaded (guilty to or been c	onvicted of a mise	demeanor or felony?		
B. Do you ha	ve any pendin	g criminal charges	s?			
				e(s), location of court, n n will not necessarily disqu		
omploymonay						

PERSONAL/PROFESSIONAL REFERENCES

(Do not include relatives or past employers)

1.		()
555) -	(Name and Address)	Phone #
2.		()
	(Name and Address)	Phone
3.		()
	(Name and Address)	Phone

EDUCATIONAL PREPARATION AND TRAINING

High School: Date of Graduation: Training and Educational Preparation:		(City/State)	
Name and Location	Dates Attended	Type of Training/Degree	
Name and Location	Dates Attended	Type of Training/Degree	
Name and Location	Dates Attended	Type of Training/Degree	
Name and Location	Dates Attended	Type of Training/Degree	

Describe any experience, specialized training, apprenticeship, skills and extra-curricular activities that would qualify you for a position with the Village of West Salem.



WORK EXPERIENCE

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

ſ

1

Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		
Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		
Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		
Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

<u>Specialized Skills</u> List knowledge of office equipment, computer knowledge and clerical skills.

List knowledge and types of production/machinery operated (if applicable).

State any additional information in which you feel contributes to your qualification for the position in which you are applying for.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

Ť

AUTHORIZATION FOR RELEASE OF INFORMATION

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

I hereby authorize the Village of West Salem to obtain information and records, within one year of the date of this release, pertaining to me from any or all of 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)
- Credit rating bureaus or institutions
 Any previous employer
- 7. Present employer
- 8. Any school, college, university, or other 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.
- 3.

This release is executed to authorize the Village of West Salem, 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 further disseminated for any purpose. (A criminal record does not constitute an automatic bar to employment and will be considered only if the circumstances of the conviction do not relate to the particular job in question).

Applicant's Name (Print)

Date

Signature

Applicant's Date of Birth

APPLICANT'S STATEMENT

I certify that 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.

This application for employment shall be considered active for a period of time 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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Inter	view _	YES	NO ئ		
Remarks:					
				Interviewer	Date
Employed:	YES ئ	NO ئ		Date of Employment:	
Job Title/Dep	artment:			Hourly Rate/Salary:	
			Ву:		
NOTES:			INAR	ne and Title	Date