

APPLICATION FOR EMPLOYMENT

Position Applied For:			
First Name	M.I	Last Name	
Residence- Street Address		City	State Zip
Mailing Address if Different		Phone	Date of Birth
Social Security Number:		Email Address:	

EDUCATION

High School	City, State
Did you Graduate? (y/n)	GED Certificate?

College Attended	City, State
Did you Graduate? (y/n)	Degree:

Other	City, State
Did you Graduate? (y/n)	Degree:

SPECIAL SKILLS, TRAINING, OR CERTIFICATIONS:

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT EMPLOYER

From (Mo/Yr)	To (Mo/Yr)	Employer Name
Position Title		Employer Address
Duties		
Supervisor's Name & Contact Info		
Reason for Leaving		
May we Contact your current employer (y/n)		

From (Mo/Yr)	To (Mo/Yr)	Employer Name
Position Title		Employer Address
Duties		
Supervisor's Name & Contact Info		
Reason for Leaving		
May we Contact this employer (y/n)		

From (Mo/Yr)	To (Mo/Yr)	Employer Name
Position Title		Employer Address
Duties		
Supervisor's Name & Contact Info		
Reason for Leaving		
May we Contact this employer (y/n)		

From (Mo/Yr)	To (Mo/Yr)	Employer Name
Position Title		Employer Address
Duties		
Supervisor's Name & Contact Info		
Reason for Leaving		
May we Contact this employer (y/n)		

Military Service

Branch of Service (if any)	From	To
Rank at Discharge	Type of Discharge	
Special Skills/Duties		

OTHER INFORMATION

Please list any scholarships, apprenticeships, licenses, certifications, memberships in professional organizations or other information you believe should be considered in evaluating your qualifications:

SUPPLEMENTARY INFORMATION

Type of Employment Desired:	Full Time	Part Time	Temporary
Are you now or have you ever been employed by the Village?	Yes	No	
If yes, what position?			
From: (Mo/Yr)	To: (Mo/Yr)	Reason for Leaving:	
List any relatives employed by or currently holding an appointed or elective position in the Village of Germantown:			
Do you have a valid Wisconsin Driver's License?	Yes	No	
Do you have a valid Wisconsin Commercial Driver's License?	Yes	No	
Have you ever been convicted of a felony?	Yes	No	
If yes, please explain:			

REFERENCES

Name:	
Phone:	Email:
Position/Title/Profession	Relationship
Approximately how many years has this individual known you?	

Name:	
Phone:	Email:
Position/Title/Profession	Relationship
Approximately how many years has this individual known you?	

Name:	
Phone:	Email:
Position/Title/Profession	Relationship
Approximately how many years has this individual known you?	

APPLICANT CERTIFICATION

Applicant please read carefully and sign below:

All Information provided, and statements made by me as part of this application, or as part of any additional information provided in support of this application, are complete, correct and true to the best of my knowledge.

I understand that if I am selected for employment, false information provided, or false statements made as part of this applications may be considered as cause for dismissal.

Signed _____ **Date** _____

Optional: Under the provisions of Section 19.36, Wisconsin Statutes, I request that my identity as an applicant for employment not be revealed without my consent or until required by law.

Signed _____ **Date** _____

VILLAGE OF GERMANTOWN
N112 W17001 MEQUON ROAD
GERMANTOWN, WI 53022
Phone: (262) 250-4700 Fax: (262) 253-8255
Employing Agency

AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the **Village of Germantown** or other authorized representative thereof bearing this release to, within one year of its date; obtain information and records 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 purpose 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 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 Germantown**, 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. If employment is denied due to information obtained on a credit report, I understand that I can receive this information by calling toll free (800) 888-4213.

Full Name (please print)

Date Signature (full name)

Address (Street and Number) City State Zip

E-Mail Address Position Applying For

Date of Birth: _____ Sex: Male _____ Female _____ Phone: _____

Driver's License Number: _____ SSN: _____

WITNESS SIGNATURE: _____