

APPLICATION FOR EMPLOYMENT

VILLAGE OF GERMANTOWN
N112 W17001 MEQUON ROAD
GERMANTOWN, WISCONSIN 53022

POSITION APPLIED FOR: _____

PERSONAL INFORMATION

Last Name:	First Name:	MI:
Street:		
City: State:	Zip:	
Home Phone:	Business Phone:	
Social Security Number:	<input type="checkbox"/> Check if you have no SSN	

EDUCATION

High School Attended:		
City/Village:	State:	
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	GED Certificate? <input type="radio"/> Yes <input type="radio"/> No	
College Attended:		
City: State:	From: (Mo/Yr):	To:
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree/Major:	
College Attended:		
City: State:	From: (Mo/Yr):	To:
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree/Major:	
Business/Technical School Attended:		
City: State:	From: (Mo/Yr):	To:
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree/Major:	

SPECIAL SKILLS OR TRAINING

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EMPLOYMENT HISTORY
(Begin with current or most recent employer)

From: (Mo/Yr):	To:	Employer's Name and Address:
Position Title or Job Classification:		
Duties:		Supervisor's Name & Telephone:
		Annual Salary/Wages:
Reason for Leaving:		
May we Contact your current employer/supervisor? <input type="radio"/> Yes <input type="radio"/> No		
From: (Mo/Yr):	To:	Employer's Name and Address:
Position Title or Job Classification:		
Duties:		Supervisor's Name & Telephone:
		Annual Salary/Wages:
Reason for Leaving:		
May we Contact your current employer/supervisor? <input type="radio"/> Yes <input type="radio"/> No		
From: (Mo/Yr):	To:	Employer's Name and Address:
Position Title or Job Classification:		
Duties:		Supervisor's Name & Telephone:
		Annual Salary/Wages:
Reason for Leaving:		
May we Contact your current employer/supervisor? <input type="radio"/> Yes <input type="radio"/> No		
From: (Mo/Yr):	To:	Employer's Name and Address:
Position Title or Job Classification:		
Duties:		Supervisor's Name & Telephone:
		Annual Salary/Wages:
Reason for Leaving:		
May we Contact your current employer/supervisor? <input type="radio"/> Yes <input type="radio"/> No		

MILITARY SERVICE

Branch of Service	Mo/Yr From	Served To	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty
List Special schools attended/skills acquired during military service					

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

REFERENCES (Avoid listing members of the clergy)

Name:	Address:
Position/Title/Profession:	Telephone:
Approximately how many years has this individual known you?	
Name:	Address:
Position/Title/Profession:	Telephone:
Approximately how many years has this individual known you?	
Name:	Address:
Position/Title/Profession:	Telephone:
Approximately how many years has this individual known you?	

SUPPLEMENTARY INFORMATION

Type of employment desired: Full-time Part-time Temporary

Are you now or were you ever employed by this Village? Yes No

If yes, in what position?

From: (Mo/Yr): To: Reason for leaving:

List any relatives employed by or currently holding an appointive or elective position in this village:

Do you have a valid Wisconsin driver's license? Yes No

Do you have a valid commercial driver's license? Yes No

A valid Wisconsin driver's license is considered only when it relates to the duties of the position you have applied for.

Have you ever been convicted of a felony? Yes No

If yes, please attach a separate sheet giving full information.

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

CERTIFICATION

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 APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

(Applicant's signature)

(Date signed)

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 under law.

(Applicant's signature)

(Date signed)

VILLAGE OF GERMANTOWN
N112 W17001 MEQUON ROAD
GERMANTOWN, WI 53022
Phone: (262) 250-4740 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: _____