

## APPLICATION FOR EMPLOYMENT

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

### EDUCATION

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

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

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

<b>SPECIAL SKILLS, TRAINING, OR CERTIFICATIONS:</b>
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# EMPLOYMENT HISTORY

**BEGIN WITH MOST RECENT EMPLOYER**

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

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

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

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

## Military Service

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

## 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

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

## REFERENCES

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

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

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

# 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** \_\_\_\_\_