

INSTRUCTIONS

- Enter information into fields, using the Tab key to move to subsequent fields.
- Incomplete applications may not be considered.
- If a resume is included **DO NOT** write "see resume" for any answer
- You are not required to furnish any information, which is prohibited by federal, state or local law.

VILLAGE OF WRIGHTSTOWN

352 High Street
 Wrightstown, WI 54180
 Office (920)532-5567
 Fax (920) 532-4564
www.wrightstown.us

APPLICATION FOR EMPLOYMENT**PERSONAL INFORMATION**

			Date:
Position Applied For:			
Name:			
Last	First	Middle	
Address:			
Number/Street	City	State	Zip Code
Home Phone:	Cell Phone:	E-mail Address:	When will you be available for employment?

GENERAL BACKGROUND INFORMATION

		YES	NO
A	Are you a citizen of the United States and at least 18 years of age? Birthplace: _____ State: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>
B	Have you ever been employed by the Village of Wrightstown? If yes, please give dates of employment: From: _____ To: _____ Position Held: _____	<input type="checkbox"/>	<input type="checkbox"/>
C	Do you have any relatives currently employed by the Village of Wrightstown? If yes, please give name, relationship, department and position:	<input type="checkbox"/>	<input type="checkbox"/>
D	Foreign language (spoken or read with proficiency) :	<input type="checkbox"/>	<input type="checkbox"/>
E	Have you ever been convicted of a felony or misdemeanor? (including driving-related misdemeanors such as driving under the influence, reckless driving and driving on a suspended license) If yes, please explain and give city, state, disposition and dates on separate sheet of paper. An affirmative response will in and of itself not disqualify you from employment with the Village.	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL BACKGROUND

Name of School(s)	Dates		Degree Earned, or Credits Earned and Course of Study Pursued
	From (mm/yyyy)	To (mm/yyyy)	
High School(s)			
College(s)			

LICENSES AND CERTIFICATIONS

License/Certification	State	Expiration
Driver's License:		
	Class/es	

PRIOR EMPLOYMENT

Have you ever been warned / disciplined for any of the following occurrences in your previous or current employment? If yes, please attach a separate sheet of paper giving full information

	Yes	No
Attendance?	<input type="checkbox"/>	<input type="checkbox"/>
Performance Problems?	<input type="checkbox"/>	<input type="checkbox"/>
Safety Violations?	<input type="checkbox"/>	<input type="checkbox"/>
Harassment?	<input type="checkbox"/>	<input type="checkbox"/>
Violent Behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Inability to get along with others?	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate use or possession of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate use or possession of a drug?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been suspended from any position?	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT AND VOLUNTEER EXPERIENCE

A resume may be attached but you must fill in this portion of the application. Starting with your most recent position, describe all paid, and applicable volunteer experience. Describe those duties and responsibilities which best demonstrate your qualifications for this position. Please indicate number of attachments: _____

May we contact your current employer? Yes No
 If no explain:

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Village of Wrightstown authorized representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:
_____ I authorize any person contacted to provide the Village of Wrightstown any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the Village of Wrightstown to request employment records from my present and/or former employer(s). I release and hold harmless the Village of Wrightstown, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:
_____ I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the Village of Wrightstown. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the Village of Wrightstown, and consent to the release of the test results to the Village of Wrightstown. I hereby release and hold harmless the Village of Wrightstown, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:
_____ I authorize the Village of Wrightstown, its officers, agents, and employees to conduct a background check, criminal check, and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the Village of Wrightstown, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the Village of Wrightstown only if it substantially relates to the position applied for.

Initial:
_____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the Village of Wrightstown reserves the right to terminate my employment at any time. All employees are considered at-will employees.

Initial:
_____ I agree to use such personal protective equipment and devices as may be required by the Village of Wrightstown and to comply with safety rules and requirements. In addition, I understand that the Village of Wrightstown maintains a workplace free from drugs, harassment and violence.

Initial:
_____ I understand that nothing contained in the application the granting of an interview or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the Village of Wrightstown has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal. Notice – Wisconsin Open Records Law: Under section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "Final Candidate" they can do so by making a separate request in writing.

The Village of Wrightstown is committed to the equality of opportunity for all people. It is the policy of the Village of Wrightstown to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

Applicant's signature

Date

An Applicant Information form should accompany this application. If you did not receive this form, please contact the Village of Wrightstown.

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APPLICANT INFORMATION

This information is voluntary and will not be used for making employment decisions. It will not be kept with your application for employment. This information is needed to analyze and assure compliance with state and federal equal employment opportunity laws and to meet the reporting requirements of these laws.

Position Applied For:	
Name:	Social Security #
Last First Middle	
Address:	
Number/Street City State Zip Code	
Home Phone:	Work Phone:

I have submitted: Application Resume

Check the appropriate space: Male Female

(ü) Check the space for the racial or ethnic group with which you identify:	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black, African-American
<input type="checkbox"/>	Spanish/Hispanic/Latino
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian/Pacific Islander/Indian
<input type="checkbox"/>	Other, please indicate race:

How did you find out about this employment opportunity?	(ü)	Please indicate source or location.
Newspaper	<input type="checkbox"/>	
Bulletin Board	<input type="checkbox"/>	
Village Employee	<input type="checkbox"/>	
Internet	<input type="checkbox"/>	
Word of Mouth	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

The Village of Wrightstown complies with EEO/ADA.