



EMPLOYMENT APPLICATION

Town of Ledgeview
Municipal Building
3700 Dickinson Road
De Pere, WI 54115

TODAY'S DATE: _____

Title of Position Applied for: _____ Dates Available for Employment: _____

FULL NAME: _____ **Soc. Sec. #** _____
 First Middle Last

ADDRESS: _____
 Street City State Zip

PHONE: _____ **ALTERNATE PHONE:** _____

EMAIL ADDRESS: _____

BEST WAY TO REACH YOU: _____

- Are you 16 years of age or older? Yes No Are you 18 years of age or older? Yes No
- Are you a U.S. citizen or do you have a legal right and necessary documents to work in the U.S.? Yes No
- Have you ever been employed by the Town of Ledgeview? Yes No
- Have you ever been convicted of a felony? Yes No
- *Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information be asked of you or considered in employment decisions. The existence of a criminal record will not automatically disqualify you from the job for which you are applying.

If yes, please explain offense and final disposition:

HIGH SCHOOL GRADUATE: Yes No

NAME AND ADDRESS OF HIGH SCHOOL: _____

If you have not received a high school diploma, have you passed a high school equivalency or GED test? Yes No

TRAINING BEYOND HIGH SCHOOL, COLLEGE OR UNIVERSITY, NURSING, BUISNESS COLLEGE, TECH COLLEGE OR OTHER SCHOOLS YOU HAVE ATTENDED	CHECK NUMBER OF YEARS COMPLETED OF COLLEGE							
	1	2	3	4	5	6	7	8

College, University, or School Name and Location	Dates Attended		Major Field of Study	Type of Degree, if Received
	From	To		

Describe any education or training you have had which is not covered above, such as courses at a technical college, correspondence courses, service schools, in-service training, etc., and give dates

REFERENCES

List three persons who are not related to you and who would have knowledge of your qualifications for the position(s) for which you are applying

NAME	ADDRESS	PHONE	RELATIONSHIP/YRS. KNOWN
1.			
2.			
3.			

EMPLOYMENT HISTORY

List your past three WORK experiences (paid or volunteer) starting with the most recent.

1)
 Position Held: _____ Primary Duties: _____
 Employer: _____ Address: _____ Phone: _____
 Supervisor: _____ Dates of Employment: From _____ To _____
 Starting Salary: _____ Last Salary: _____ Reason for Leaving: _____

2)
 Position Held: _____ Primary Duties: _____
 Employer: _____ Address: _____ Phone: _____
 Supervisor: _____ Dates of Employment: From _____ To _____
 Starting Salary: _____ Last Salary: _____ Reason for Leaving: _____

3)
 Position Held: _____ Primary Duties: _____
 Employer: _____ Address: _____ Phone: _____
 Supervisor: _____ Dates of Employment: From _____ To _____
 Starting Salary: _____ Last Salary: _____ Reason for Leaving: _____

May we contact your present employer? Yes No
 May we contact your past employer(s)? Yes No

List any other relevant job experiences or Qualifications: _____

Do you have a valid Driver's License? Yes No Driver's License #: _____

Do you have a valid Commercial Driver's License? Yes No Type: _____

Certifications: Please list any other certifications and/or qualifications you possess that are not previously listed in this application:

IMPORTANT: Applications will be kept until the position has been filled. Your application may be kept longer in our files for future reference if additional positions become available.

APPLICANT STATEMENT

I certify that all statements on my application materials are true to the best of my knowledge. I understand that misrepresentation of material or omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer’s service.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand and agree that if employed, the employment will be “at will”. That is, either I or the Town may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by the Town does not imply employment and that this application and/or any other Town documents are not contracts of employment.

DO NOT SIGN APPLICATION FORM UNTIL YOU HAVE READ ALL OF THE ABOVE APPLICANT STATEMENT.

By my signature below, I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

TOWN OF LEDGEVIEW

3700 Dickinson Road · De Pere, WI 54115
(920) 336-3360 · (920) 336-8517 FAX · www.ledgeviewwisconsin.com

Town of Ledgeview Background Information Request

Name:	Last	First	Middle	Maiden
Address:	Street	City	State	Zip Code
Driver's License Number:	State of Issue:		Date of Birth:	

Do you have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? Yes _____ No _____. If yes, please explain: _____

Note: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the responsibilities of the particular position, or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hearing.

I hereby certify that all statements made on or in connection with my application are true, completed 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.

I realize that during the processing of my application, my background as it relates to this job, will be investigated by the Town of Ledgeview. I understand that any information concerning my past will be considered in evaluating me as an applicant to the Town of Ledgeview and that all information obtained during this investigation is confidential. The people contacted will be advised that what they say will be held in confidence.

Signature: _____

Date: _____