|  |  |
| --- | --- |
| http://www.westfieldwi.com/img/westfield_banner.jpg    **129 E. 3rd Street, P.O. Box 250**  **Westfield, WI 53964**  **Phone: 608-296-2363 / Fax 296-3231**  **Email: lquinn@villageofwestfieldwi.com** |  |

**Employment Application**

The Village of Westfield is an equal opportunity employer; it is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person’s race, creed, color, national origin, religion, age, sex, marital status, or physical handicap, except where a reasonable, bona-fide occupational qualification exists.

**Please type or print legibly in ink – if more space is needed attach additional paper.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | |  | | | | | | | | | | | | | | | First | |  | | | | | | | | | | | | | M.I. | | | | | Date | |  | | |
| Street Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |  | | |
| City | |  | | | | | | | | | | | | | | | | | | | | State | |  | | | | | | | | | | | | | ZIP | |  | | | | | | | |
| Phone | |  | | | | | | | | | | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date Available | | | | | | | |  | | | | | | | | | | | Social Security No. | | | | |  | | | | | | | | | | Desired Salary | | | | | | | |  | | | | |
| Position Applied for | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | | YES | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | |  | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | | | YES | | NO | | | | If yes, explain | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | | |  | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | | |
| College | | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | | |
| **DRIVERS LICENSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Do you have a valid driver’s license? | YES | NO | Do you have a valid CDL? | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What State? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | | |
| Company | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | | |
| Company | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | | |
| Company | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment – If available Please attatch your resume to this Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | NO | | | | | |  | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | NO | | | | | |  | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | NO | | | | | |  | | | | | | | | | | | | | | |
| **COMMENTS – List any comments, special skills or qualifying statements you care to make:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | From | | | |  | | To | |  | | | | | |
| Rank at Discharge | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Type of Discharge | | | | | | | | |  | | | | |
| If other than honorable, explain | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please read carefully before signing. If you have any questions regarding the following statements, please ask.**   1. I certify that to the best of my knowledge and belief, the answers given by me in the forgoing questions and the statements are correct and complete. I understand that any omissions, misleading or false information contained in this application may result in my immediate discharge. I agree that the Village of Westfield shall not be held liable in any respect in my employment is terminated because of false statement, answers or omissions made by me in this application. 2. I also authorize pertinent companies, schools, agencies, police departments or persons to give any information requested regarding my employment, character, experience, qualification and/or suitability for employment. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and I will not request copies of such information. In addition, a copy of this authorization is valid as the original and should be recognized as such. 3. I understand that any offer of employment or continued employment, if hired, may be conditioned upon passing a physical examination, including substance abuse screening. Refusal to participate will result in termination or denial of employment. 4. I understand and agree that, if hired, my employment s for no definite period and may be terminated at any time without any prior notice.   This application is current for 6 months. Incomplete applications will not be processed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | |  | | | | | | | |