

**TOWN OF ALBION**

620 Albion Rd  
Edgerton, WI 53534  
Phone:(608) 884-8974  
Fax:(608) 884-2130  
Web-Site: townofalbionwi.com

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

Social Security No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone No. \_\_\_\_\_

\_\_\_\_\_

Alternate No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

Hourly Wage Desired \_\_\_\_\_

Are you a United State Citizen or a Permanent Resident Alien?

Yes \_\_\_\_ No \_\_\_\_

If not, what is your immigration status? \_\_\_\_\_  
(If you are hired, you will be required to submit verification of your legal right to work in the United States)

Have you filed an application with us before? Yes \_\_\_\_ No \_\_\_\_ If so, when? \_\_\_\_\_

Date available to begin employment \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_ No \_\_\_\_

Your application will be kept in the active file for a period of six (6) months. If you desire to keep it active beyond that time, you will be required to bring the application up-to-date or to fill out a new application.

**EDUCATION**

School	Name and Location of School	Major Field	Highest Grade Completed	Degree or Diploma Earned
High School or GED				
College				
Tech. School				

Are you presently employed? Yes \_\_\_\_ No \_\_\_\_

May we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of any ordinance violation, misdemeanor, felony offense or OWI? Yes \_\_\_ No \_\_\_  
If yes, please provide details below. Attach additional sheets if necessary.

DATE OF OFFENSE	PLACE	CITATION/CHARGES	PENALTIES
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Conviction record will not automatically exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the offense will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

Do you have responsibilities that would prevent you from working evening, weekend and/or overtime as required by the position? Yes \_\_\_ No \_\_\_

Are there any other experiences, skills or qualifications which you feel would qualify you for employment with the Town of Christiana? Include any additional information regarding your past/present employment which you think would be of interest to us in considering your application. Exclude names of organizations which may indicate race, color, religion, sex, sexual orientation, nation origin, marital or veteran status, or the presence of non-job related medical condition(s) or handicaps(s).

Do you have any experience meeting and dealing effectively with the public, handling complaints, providing information, answering questions, etc.? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

### SPECIAL SKILLS

Do you possess a valid Driver's License? Yes \_\_\_ No \_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_

Do you possess a Commercial Driver's License (CDL)? Yes \_\_\_ No \_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_

What level classified license do you currently hold? (Please circle all that apply)

A    B    C    D    M

Check appropriate endorsements received:

\_\_\_\_\_ "T" Double/Triple Trailer

\_\_\_\_\_ "N" Tank Vehicles

\_\_\_\_\_ "H" Hazardous Materials

\_\_\_\_\_ "P" Passengers

\_\_\_\_\_ "X" Hazardous Materials & Tankers

\_\_\_\_\_ "S" School Buses

Have you passed the CDL special knowledge and skills test regarding air brakes? Yes \_\_\_\_ No \_\_\_\_

Please list any other special license or permit you possess which may be applicable to the position you're applying for:

List all heavy equipment or other equipment related to the position you are applying for that you are skilled in operating:

**EMPLOYMENT HISTORY:** Give details of work experience, including apprenticeships, summer work and misc. job. List most recent employer first. COMPLETE ALL SECTION:

Dates of Employment: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Wage Rate/Salary \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact for references? Yes \_\_\_\_ No \_\_\_\_

Duties Performed: \_\_\_\_\_

Reason(s) for leaving? \_\_\_\_\_

Dates of Employment: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Wage Rate/Salary \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact for references? Yes \_\_\_\_ No \_\_\_\_

Duties Performed: \_\_\_\_\_

Reason(s) for leaving? \_\_\_\_\_

Dates of Employment: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Wage Rate/Salary \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact for references? Yes \_\_\_\_ No \_\_\_\_

Duties Performed: \_\_\_\_\_

Reason(s) for leaving? \_\_\_\_\_

Dates of Employment: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Wage Rate/Salary \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact for references? Yes \_\_\_\_ No \_\_\_\_

Duties Performed: \_\_\_\_\_

Reason(s) for leaving? \_\_\_\_\_

Please feel free to add any relevant employment not listed here: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** List references other than relatives/former employers whom you known for at least 1 year.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### **CERTIFICATION BY APPLICANT**

By signing below, I am making the following representations and/or acknowledgements to the Town of Christiana:

- I have received and review a copy of the Job Description for this position;
- All of the information included in this application is true, correct and complete. I have not omitted any relevant information or provided that would mislead the Town of Albion.
- I understand that the Town is relying on the truthfulness of the representations made in this application. If it is later determined that any answer I provided is incomplete, misleading or untrue, my application shall be withdrawn from consideration. If this determination is made after I have been offered and accepted employment, the Town may terminate me immediately. I wave any and all claims that I may have against the Town, whether know or unknown, related to my termination if I am terminated in whole or in part due to misrepresentations in this application;
- I authorize all former and current employers; schools; State, County, or Federal agencies; municipalities; references; and/or persons identified herein to give to the Town of Christiana any information requested regarding my employment, character, experience, credit record, qualifications, suitability for employment with the Town, police records, driving records, fingerprints and criminal background check for the purpose of considering my suitability for hire. I understand that such information may be provided to the Town confidentially and that I may be unable to access or review the information provided. There is no guarantee that the Town will be able to protect the confidentiality of the information released to the Town;
- A copy of this authorization is as valid as the original and shall be recognized as such;
- I understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to being offered a position and as a condition of continued employment. Refusal to participate in the physical exam or substance abuse screening may result in the rejection of my application and/or termination of my employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_