

TOWN OF NEW HOLSTEIN

JOB APPLICATION



W1465 Tecumseh Rd
New Holstein WI 53061
Chairman.tnh@gmail.com

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND FULLY SUBSCRIBE TO THE PRINCIPLES OF EQUAL EMPLOYMENT OPPORTUNITY. APPLICANTS AND/OR EMPLOYEES ARE CONSIDERED FOR HIRE, PROMOTION AND JOB STATUS, WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, SEX, MARITAL STATUS, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY.

Name _____ Date of Application _____

LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone _____

Position applying for, be specific: _____

Salary Requirements \$ _____ Per _____ Hour _____ Month _____ Yearly

State fully why you believe you are qualified for this position: _____

If required, will you work:

Rotating Shifts ___Yes ___No

Saturdays ___Yes ___No

Overtime ___Yes ___No

Sundays ___Yes ___No

1. GENERAL INFORMATION

Are you able to perform the essential job functions of the position for which you are applying with or without accommodations? ___Yes ___No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment but will be considered only as if reasonably relates to your fitness to perform in the position for which you are applying.) ___Yes ___No If yes, explain: _____

2. EDUCATION & TRAINING

Circle Last Grade Completed – Grade: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Masters ___ Doctorate ___

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade
LAST HIGH SCHOOL ATTENDED/ADDRESS			
COLLEGE OR UNIVERSITY/ADDRESS			
COLLEGE OF UNIVERSITY/ADDRESS OTHER SCHOOL (TECHNICAL, VOCATIONAL, GRADUATE, ETC)			
MILITARY SERVICE	RANK		

List any scholarships, academic honors, awards or special achievements: _____

3. SKILLS

Please list any skills you have that are appropriate for the position you are applying for:

INTERESTS/ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position(s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT employer, list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers. If currently employed, may we contact your employer? ___Yes ___No

FULL NAME OF COMPANY	(AREA CODE) TELEPHONE	SALARY Begin – End	EMPLOYED From (MO/YR) – To (MO/YR)
STREET ADDRESS	CITY STATE ZIP		
NAME & TITLE OF SUPERVISOR	TITLE OF YOUR POSITION	REASON FOR LEAVING:	
LIST: JOBS HELD, DUTIES PERFORMED, SKILLED USED & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY			

FULL NAME OF COMPANY	(AREA CODE) TELEPHONE	SALARY Begin – End	EMPLOYED From (MO/YR) – To (MO/YR)
STREET ADDRESS	CITY STATE ZIP		
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LIST: JOBS HELD, DUTIES PERFORMED, SKILLED USED & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY			

READ CAREFULLY: I CERTIFY THAT THE INFORMATION CONTAINED IN THE APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OR INFORMATION MAY RESULT IN DENIAL OF EMPLOYMENT OR DISCHARGE. I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

APPLICANT'S SIGNATURE _____ DATE _____

REFERENCES

NAME OF REFERENCE _____ (AREA CODE) TELEPHONE _____
STREET ADDRESS _____
RELATIONSHIP _____ EMAIL _____
JOB TITLE/POSITION _____ PLACE OF EMPLOYMENT _____
CHECK FOR PREFERRED METHOD OF CONTACT ___PHONE ___EMAIL

NAME OF REFERENCE _____ (AREA CODE) TELEPHONE _____
STREET ADDRESS _____
RELATIONSHIP _____ EMAIL _____
JOB TITLE/POSITION _____ PLACE OF EMPLOYMENT _____
CHECK FOR PREFERRED METHOD OF CONTACT ___PHONE ___EMAIL

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STREET ADDRESS _____
RELATIONSHIP _____ EMAIL _____
JOB TITLE/POSITION _____ PLACE OF EMPLOYMENT _____
CHECK FOR PREFERRED METHOD OF CONTACT ___PHONE ___EMAIL

By signing below, I certify that the answers given by me to the foregoing questions and/or statements are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the Application for Employment, or any other document, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that the Town of New Holstein shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me on this Employment Application or any other document.

I hereby grant permission to the Town of New Holstein to investigate any of the information included in this application. I also authorize the companies, schools, or persons named to give any information, transcripts, records, or documents requested regarding my work experience, educational background, personal reference, conviction record, character or qualifications, personal or otherwise. I hereby release said companies, schools or persons from all liability for any damage that may result from furnishing this information to the Town of New Holstein.

I understand that if employed, I must complete the following documents before I begin to work: Work Permit (if under the age of 18 years), WT-4 Certificate, Information Release Authorization Form, and USCIS Form I-9.

I agree to conform to the rules, regulations and policies of the Town of New Holstein, Wisconsin. I fully understand and agree that filling out this Application for Employment does not obligate the Town of New Holstein to offer me a job, nor does it obligate me to accept a job with the Town of New Holstein.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

APPLICANTS SIGNATURE: _____ DATE: _____