

Application Number _____
(Office Use Only)

Village of Ellsworth

130 N. Chestnut Street
Ellsworth, WI 54011
715-273-4742

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
(PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION

Name

Last

First

Middle

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Mailing Address

Street

City

State

Zip

Are you 18 years or older?

Yes

No

Phone No.

In case of an
emergency notify

Name

Address

Phone No.

Application Number _____
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EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
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Are you employed now? _____ If so, may we inquire? _____
of your present employer?

Ever applied to or worked for the Village before? _____ Where? _____ When? _____

EDUCATION

School Level	Name/Location of School	No. of Yrs. Attended	Did You Graduate	Subjects Studied
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Grammar School

High School

College

Trade, Business
Or Correspondence
School

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP/DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

FORMER EMPLOYERS: (List below last three employers, begin with current or last one)

Name and Address of Present or Last Employer

Starting Date

Month

Year

Leaving Date

Month

Year

Weekly Starting Salary

Weekly Final Salary

Job Title

May we contact Supervisor?

Name and Title of Supervisor

Phone No.

Description of Work

Reason for Leaving

Name and Address of Employer

Starting Date

Month

Year

Leaving Date

Month

Year

Weekly Starting Salary

Weekly Final Salary

Job Title

May we contact Supervisor?

Name and Title of Supervisor

Phone No.

Description of Work

Reason for Leaving

Name and Address of Employer

Starting Date

Month

Year

Leaving Date

Month

Year

Weekly Starting Salary

Weekly Final Salary

Job Title

May we contact Supervisor?

Name and Title of Supervisor

Phone No.

Description of Work

Reason for Leaving

SPECIAL QUESTION

DO NOT Answer the question in this section unless the employer has CHECKED THE LINE PRECEDING the question. This information is required for a bonafide occupational qualification, or dictated by National Security Laws, or is needed for other legally permissible reasons.

_____ Have you been convicted of a felony or misdemeanor within the last five years?* Yes ___ No ___
Describe:

*You will not be denied employment solely because of a conviction record unless the circumstances of the offense are substantially related to the job for which you have applied.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis on age with respect to individuals who area at least 40 years of age.

I understand and agree that I may be required to take a physical and/or psychological examination as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Village and to release the Village, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

Yes ___ No ___

REFERENCES: Below give the names of three persons not related to you whom you have known at least one year that we may contact for job related references.

Name	Address	Business	Years Acquainted	Telephone
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GENERAL

Subjects of Special Study or Research Work

Special Training

Special Skills

SERVICE RECORD

U.S. Military or
Naval Service

Rank

Discharge Date

Present Membership In
National Guard or Reserves

Date
Obligation Ends

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsification, misrepresentation or omission statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference listed above to give you any and all information concerning my previous employment and 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.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the **Village of Ellsworth** or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. *Municipal, State or Federal law enforcement agencies*
2. *Selective Service System*
3. *Any banking Institution*
4. *Any place of business (for purposes of obtaining credit or employment data)*
5. *Credit rating bureaus or Institutions maintaining individual credit rating files.*
6. *Any previous employer*
7. *Present employer*
8. *Any school, college, university or other educational institution*
9. *Any law enforcement certification or licensing board of Wisconsin or any other state.*

Exceptions to this blanket authorization

1. *Any medical information in the possession of any source named above until subsequent, to a conditional offer of employment (per Americans With Disabilities Act).*
2. _____
3. _____

This release is executed to authorize Village of Ellsworth, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature (full name)

Address (Street and Number)

City

State

Zip