

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)**

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**PERSONAL INFORMATION**

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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.

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**EMPLOYMENT DESIRED**

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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? \_\_\_\_\_

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**EDUCATION**

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

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High School

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College

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Trade, Business  
Or Correspondence  
School

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**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.**



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**SPECIAL QUESTION**

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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:

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\*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.

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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 \_\_\_

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**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
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Present Membership In National Guard or Reserves	Date Obligation Ends
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**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

**PERMISSION TO CHECK DRIVING RECORD**

If the position that you are applying for requires extensive driving and/or the possession of a commercial driver's license, we will be verifying your driving record and the type of license(s) that you currently hold with the Department of Motor Vehicles. We will do this at no cost to you.

**This form must be completed and returned with your application.**

I understand that by signing this form I am giving the Village of Ellsworth permission to obtain a copy of my driving record which will indicate the type of license(s) that I currently hold and any past or pending driving violations.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Please Print)      First                      Middle                      Last

Driver's License Number: \_\_\_\_\_

Issuing state: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type: Regular \_\_\_\_\_ Commercial \_\_\_\_\_

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For Commercial Driver's License, please indicate which class of license it is and the various endorsements you already have:

Class \_\_\_\_\_

General Knowledge _____	Combination Vehicles _____
Passenger Transport _____	Hazardous Materials _____
Air Brakes _____	Tanker _____
Doubles/Triples _____	

# 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