

Town of SPRINGFIELD



APPLICATION FOR EMPLOYMENT

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Position Applied For: _____ Date Available: _____

Have you ever been employed by Town? Yes _____ No _____

If so, when: _____

Are you related to any current employee or elected official? Yes _____ No _____

If so, Who? _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If so, explain: _____

I am currently authorized to work in the United States? Yes _____ No _____

Basis of Statement: _____

I hold a valid driver's license Yes _____ No _____

State of issue: _____

I hold a valid Commercial Driver's License Yes _____ No _____

State of Issue: _____

If you driving privileges have ever been revoked, suspended, or limited, please state the date of the revocation, suspension or limiting action, the case or file number and the jurisdiction in which the action was taken:

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: _____

References

Please list three professional references

Name: _____ Relationship: _____ Company: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____ Company: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____ Company: _____

Address: _____ Phone: _____

Previous Employment

Company: _____ Address: _____

Supervisor: _____ Address: _____

Job Title: _____

Starting Hourly \$: _____ Ending Hourly \$: _____ Average Hours Worked: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Address: _____

Supervisor: _____ Address: _____

Job Title: _____

Starting Hourly \$: _____ Ending Hourly \$: _____ Average Hours Worked: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Address: _____

Supervisor: _____ Address: _____

Job Title: _____

Starting Hourly \$: _____ Ending Hourly \$: _____ Average Hours Worked: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

PLEASE READ THE PARAGRAPHS BELOW VERY CAREFULLY BEFORE SIGNING

I certify that my answers to the questions are true to the best of my knowledge. I am aware that misrepresentation or omission of facts called for on this form is cause for rejection of my application or immediate discharge from the organization's service. I voluntarily authorize the Town of Springfield to make a thorough investigation of my past employment, agree to cooperate in such investigations, and release from all liability of responsibility all persons, companies, or corporations supplying such information.

I have read the job description for the position and meet the minimum standards.

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months.

It is hereby understood and acknowledged that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be charged by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.

Signature: _____ Date: _____

Authorization for Release of Information

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

I hereby authorize an employee or authorized representative of the **Town of Springfield** bearing this release to, with in 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 the purpose on 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 educational institution
9. Any law enforcement or jail officer
10. Wisconsin or other state driver records bureau.

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. _____

This release is executed to authorize the **Town of Springfield**, as 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 disseminated for any purpose.

Signature: _____ Date: _____

Date of Birth: _____ Social Security #: _____ WI Drivers License # _____

THE TOWN OF SPRINGFIELD IS AN EQUAL OPPORTUNITY EMPLOYER. ONLY INFORMATION WHICH RELATES TO A PROSPECTIVE EMPLOYEE'S QUALIFICATIONS FOR THE POSITION WILL BE CONSIDERED.