

APPLICATION FOR EMPLOYMENT

Town of Waukesha

W250S3567 Center Road
Waukesha, WI 53189
TELEPHONE (262) 542-5030
FAX NUMBER (262) 542-7870

The Town of Waukesha does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services, programs or activities.

PERSONAL INFORMATION:

NAME		SOCIAL SECURITY NO.	
STREET		HOME TELEPHONE	
CITY		BUSINESS/CELL TELEPHONE	
STATE	ZIP	FAX NO.	Email

EDUCATION:

	FROM	TO	DEGREE/MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER			

SPECIAL SKILLS OR TRAINING:

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EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT)

FROM	TO	EMPLOYER AND ADDRESS
JOB TITLE		
DUTIES		NAME OF SUPERVISOR AND TELEPHONE
		ANNUAL SALARY/WAGES
REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT HISTORY (CONTINUED)

FROM JOB TITLE	TO	EMPLOYER AND ADDRESS
DUTIES		NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES
REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

FROM JOB TITLE	TO	EMPLOYER AND ADDRESS
DUTIES		NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES
REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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DUTIES		NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES
REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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DUTIES		NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES
REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

MILITARY SERVICE

BRANCH OF SERVICE	MO/YR SERVED FROM TO	ACTIVE DUTY OR RESERVE?	HIGHEST GRADE	SKILL SPECIALTY OR PRIMARY DUTY
LIST SPECIAL SCHOOLS ATTENDED/SKILLS ACQUIRED DURING MILITARY SERVICE				

REFERENCES (AVOID USING MEMBERS OF THE CLERGY)

NAME	ADDRESS
POSITION/TITLE/PROFESSION	TELEPHONE

APPROXIMATELY HOW MANY YEARS HAS THIS INDIVIDUAL KNOWN YOU?

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POSITION/TITLE/PROFESSION	TELEPHONE

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POSITION/TITLE/PROFESSION	TELEPHONE

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ADDITIONAL INFORMATION (As Applicable)

POSITION APPLIED FOR { } Firefighter { } Emergency medical Technician { } Both EVENINGS () DAYS ()
EMPLOYMENT DESIRED: [] FULL-TIME [] PART-TIME(Paid-On-Call) [] TEMPORARY () VOLUNTEER
ARE YOU NOW,OR WERE YOU EVER, EMPLOYED BY THIS MUNICIPALITY? [] YES [] NO IF YES, WHAT POSITION? FROM TO REASON FOR LEAVING:
LIST ANY RELATIVES EMPLOYED BY OR CURRENTLY HOLDING AN APPOINTIVE OR ELECTIVE POSITION IN THIS MUNICIPALITY (Town of Waukesha)
HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A TRAFFIC VIOLATION? [] YES [] NO IF YES, PLEASE ATTACH A SEPARATE SHEET GIVING FULL INFORMATION
IS THERE ANY OTHER INFORMATION, APPLICABLE TO THIS POSITION, YOU WISH TO HAVE CONSIDERED AS PART OF YOUR APPLICATION FOR EMPLOYMENT?

How did you become aware of this position opening?_____

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW
INFORMATION PROVIDED AND STATEMENTS MADE BY ME IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUE.
I UNDERSTAND THAT IF I AM EMPLOYED BY THE TOWN, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.
APPLICANT SIGNATURE _____
DATE OF APPLICATION _____

DATE APPLICATION RECEIVED
REVIEWED BY DATE
COMMENTS: