

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 _____
(Office Use Only)

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
----------	--------------------	----------------

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
--------------	-------------------------	----------------------	------------------	------------------

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 _____ Leaving Date _____
Month Year 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 _____ Leaving Date _____
Month Year 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 _____ Leaving Date _____
Month Year 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 _____

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

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		Date
National Guard or Reserves		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 _____

Please list any additional information that relates to your ability to perform the job for which you have applied. May include interests, hobbies, civic organizations, etc.
