Town of Lyons

EMPLOYMENT APPLICATION

Application Information

Full name: _____ Date: _____

Last *First* *M.I.*

Address: _____ Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

City *State* *Zip Code*

Date Available: _____ S.S. no: _____ Desired salary: $ _____

Position applied for: _____

Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐ If yes, when? _____

Do you possess a valid Class B CDL in WI? Yes ☐ No ☐ Valid Med Card? _____

Education

High school: _____ Address: _____

Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Address: _____

Did you graduate? Yes ☐ No ☐ Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

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

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____