## **TOWN OF LIBERTY**

## APPLICATION FOR EMPLOYMENT

Name:										_ Date of	f appli	catio	n:			
(Last)			(	First)			(N	(Iiddle)								
Position app	olying f	or: _								_ Date a	vailab	le to	start:			
Are you at l	east 18	years	of age	?	Yes/	No	If	no, pi	ovide	e date of l	oirth:					
Current Ado	dress: _									_ Home	Telepl	hone:				
	_									Cell Ph	none: _					
Email Addr	ess:													_		
Are you rela If ye	ated to a	•								Yes	No					
Education: (	(a) Circ	le higl	hest gra	ade or	year c	comple	eted in	schoo	l (oth	er than co	ollege)	):				
	1	2	3	4	5	6	7	8	9	1 0	1	1	1	2		
	Do	you h	ave a h	igh sc	hool d	liplom	a or a	GED e	equiva	alency? Y	es No	)				
	(b) Nar	ne and	l locatio	on of l	Ü											
	(c)Ci	rcle 1	numbe	er of						versity			5 6	7 8		
Describe an corresponde job for which	ence co	urses,	service	scho	ols, in-	-servic	e train	ing, o	volu	nteer woi	k whi				,	nt to the
Have you ev If yes, pleas employmen	e indic	ate wh	at you	have	been c	onvict	ed of,	when	and v	where. (Co	onvict	ions				te bar of
If there were	e exten	uating	circum	nstanc	es of v	which	we sho	ould be	awai	re, please	state 1	them				

1

List three (3) professional references:		
(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)
List any organizations to which you bel you regard as <b>relevant to the job for w</b>	ong or have belonged and any honors or awa	ards you have received which
Do you have a valid Wisconsin Driv Do you have a CDL: Yes No	ver's License: Yes No If Yes please list Class(es):	
	work experience, starting with your most received the average hours per month. Indicate ann.	
EMPLOYER #1	Dates Worked: From:	То:
Employer:		
Address:		
Phone:		
Title Held:		
Job Duties:		
Supervisor:		
Reason for Leaving:		
EMPLOYER #2	Dates Worked: From:	To:
Employer:		
Address:		
Phone: Title Held:		
Job Duties:		
Supervisor:		
Reason for Leaving		

EMPLOYER #3	Dat	es Worked: From:	10:
Address:			
Phone:			
Title Held:			
Job Duties:			
Supervisor:			
Reason for Leaving:			
May we contact your present employer?  The above information is true and complete to the statement contained hereby may be considered opermission to obtain all necessary information from the concerning my prior employment. I release all posuch information with or without prior written not be concerned by the concerning my prior employment. I release all posuch information with or without prior written not be concerned by the concerning my prior employment.	cause for possible from the reference parties from any notice to me.	le dismissal. The Town of L ces I have listed, or any othe possible damages resulting	iberty has my er sources,
	(	Signature)	
The Town of Liberty is an Equal Opportunity E			
disability status in access to or treatment of emp	oloyment, or in i	ts programs, services or abil	ities.

If accommodation is needed at any time during the hiring process, please notify the Clerk at (920) 758-3707.

Submit applications to:

Town of Liberty Attention: Town Clerk 13812 English Lake Road Valders, WI 54245

Email: liberty@lakefield.net Phone: (920) 758-3707

## AUTHORIZATION AND ACKNOWLEDGMENT FOR EMPLOYMENT WITH THE TOWN OF LIBERTY

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the Town of Liberty shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the Town of Liberty any information requested by employment, character, experience and qualifications and/or suitability for employment with the Town of Liberty including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination following an offer of employment, which may include substance abuse screening, prior to an appointment to a position with the Town of Liberty. Refusal to participate will result in the rejection of my application.

Applicant's Signature
Applicant's Printed Name
Date

THE TOWN OF LIBERTY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY STATUS IN ACCESS TO OR TREATMENT OF EMPLOYMENT, OR IN ITS PROGRAMS, SERVICES OR ACTIVITIES.

4 08/2014