

Complete this application in detail; previous applications will not be considered. At the time of appointment, you may be required to submit proof of previous employment, education, military services or any other statements in this application. Any material misrepresentation may be grounds for termination of employment or ineligibility.

Your signature below acknowledges that you have read the above statement.

Applicant Signature

Date

Village of Hales Corners



An Equal Opportunity Employer

Employment Application

Please Type or Print Using Ballpoint Pen

Title of Position for which you are applying:

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Last Name	First Name	Middle Name or Initial
<i>Previously employed by Village of Hales Corners under the name of:</i>		Maiden Name
Home Street Address	City and State	Zip Code + 4
Area Code & Home Telephone Number	Alternate Phone Number	Pager Number
Your Social Security Number	Are you a U.S. Citizen?	Date Available

DO NOT ANSWER ANY QUESTION IN THIS BOXED SECTION, UNLESS THE EMPLOYER HAS CHECKED THE BOX TO THE LEFT OF THE QUESTION, thereby indicating that the requested information is needed for a bona fide occupation qualification, national security laws, or other legally permissible reasons. For requested information, fill in blanks and circle your Yes or No answers.

- Date of Birth: _____
- Do you have a valid Wisconsin Driver's License? Yes or No
Driver's License #: _____
- Do you have a valid Wisconsin Commercial Driver's License? Yes or No
Comm. Driver's License #: _____
- Have you been convicted for other than a minor traffic violation? Yes or No

Please respond to all questions indicated below:

A. What is the best time for us to phone you at home? _____ a.m. or p.m. [Circle One]

B. May we contact you at your current place of employment? Yes or No [Circle One]

If Yes, provide work number and best time to call:
 _____ a.m. or p.m. [Circle One]

C. Have you submitted an application here before? Yes or No [Circle One]

If Yes, provide date(s): _____

D. Have you ever been employed here before? Yes or No [Circle One]

If Yes, provide dates: _____

E. Are you legally eligible for employment in this country? Yes or No [Circle One]

F. If you are under 18 and it is required, can you furnish a work permit? Yes or No [Circle One]

If No, please explain: _____

G. Type of employment desired: [Please check the appropriate box]

- Full-Time Part-Time Temporary Seasonal Educational Co-Op

H. Will you relocate if the job requires it? Yes or No [Circle One]

I. Will you work overtime, if the job requires it? Yes or No [Circle One]

If no, please explain: _____

J. Have you ever been bonded? Yes or No [Circle One]

K. Have you been convicted of a crime in the last 7 years? Yes or No [Circle One]

If yes, explain: {Conviction will NOT necessarily be a bar to employment. Each instance & explanation will be considered in relation to the position for which you are applying.}

Please indicate any foreign language(s) you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

L. Are you supplying a personal resume with this application? Yes or No [Circle One]

Have you supplied one to us recently in response to an advertisement for this position? Yes or No [Circle One]

M. Are you supplying a list of references with this application? Yes or No [Circle One]

N. Please indicate your **education** in the space below, beginning with high school:

School / Institution	Years Completed	Degree / Diploma Rec'd.	GPA / Class Rank	Major	Minor

Skills Inventory: In the space below, indicate the number of years experience you have in any of the following areas:

Clerical	Yrs. Exp.	Trades	Yrs. Exp.
Keypunch		Masonry	
Computer Keyboarding WPM _____		Carpentry	
Adding Machine		Electrical	
10-Key Calculator		Auto Mechanic	
Filing		Auto Body Repair	
Records Management		Landscaping	
Dictating Machine		Plumbing	
Stenography-Shorthand-Notehand		Drafting	
WPM _____ WPM ____ WPM ____		Blueprint Reading	
Microfilming		Cost Estimating	
Switchboard – Receptionist		Heating	
Bookkeeping – Accounting		Air Conditioning	
Copy Machine		Painting	
Duplicating Equipment		Glazing	
Facsimile Machine		Tuckpointing	
Facsimile on Computer		Welding	
Typing – Manual Typewriter		Small Engine Repair	
Typing – Electronic WPM _____		Sheet Metal	
Data Entry		Concrete	
Word Processing-Programs/Version		Asphalt	
		Auto Parts	
		Roofing	
		Surveying	
		Inspection	
		CAD	

Clerical Skills, Continued	Yrs. Exp.	Trades, Continued	Yrs. Exp.
Spreadsheet Programs incl. Version		Water / Wastewater Operation	
Graphic / Desktop Publishing		Other – Trucks, Heavy Eq., Etc.	
Database Programs			
Network Administration – Prog / Ver.			
E-Mail Systems			
Internet Experience			

Work Experience Report

The use of this form is required for all job titles and those for which an applicant's past training and experience are considered in selection.

- List and describe your work experience in the last 10 years.
- Begin with your present position and work backward. Include title changes resulting in promotions.
- List pertinent military experience.
- Omissions or misstatements of material facts may cause forfeiture of right to employment.

Previous applications will not be considered. Complete this form in detail.

MOST CURRENT EMPLOYMENT

Employed by:			Business Phone Number:	
Address:			City	State Zip
Dates of Employment -	From:	To:	Total Yrs:	Months:
Salary -	Starting:	Ending:	Hrs. Worked per Week:	
Your Payroll Title:	Name & Title of your immediate supervisor			

If you had responsibility for any of the following functions on a continuing basis, indicate in the appropriate box the number of employees involved.

	Manual & Trades	Clerical	Technical	Professional	Administrative	Other (Specify)	
Supervisory Responsibility							
Training							
Hiring & Firing							

List and describe the most important recurring major duties and responsibilities for planning, programs, fiscal matters, public contacts, training, etc.

Describe other duties or responsibilities not mentioned above:

Please state your reason for leaving or planning to leave:

Is the employer listed in Most Current Employment, your Current Employer?

If Yes, may we contact this employer for a reference check?

Previous Employment

Employed by:			Business Phone Number:	
Address:			City	State Zip
Dates of Employment -	From:	To:	Total Yrs:	Months:
Salary -	Starting:	Ending:	Hrs. Worked per Week:	
Your Payroll Title:	Name & Title of your immediate supervisor			

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Address:			City	State Zip
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Describe other duties or responsibilities not mentioned above:

Please state your reason for leaving:

Statement of Acknowledgement

Please read completely and sign where indicated. Your signature will indicate that you have fully read and understood the acknowledgement statement.

I understand if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using information and all other persons, corporations or organizations for furnishing such information.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 180 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law or labor agreement. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this Village's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____

Dated: _____

This Section is Reserved for Office Documentation	
Was this applicant interviewed? Yes or No	If Yes, by whom? _____
	On what date? _____
Was this applicant hired? Yes or No	If yes, indicate approx. start date: _____
Indicate name of individual completing this section: _____	