JOB APPLICATION

Town of Eau Pleine 3191 State Highway 34, Junction City, Wisconsin 54443

The Town of Eau Pleine is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all sections below:

Applicant Information			
Applicant Name:			
Address:			
City, State and Zip Code:			
Telephone Number:			
Email Address:			
Date of Application:			
Employment Position			
Position(s) applying for:			
How did you hear about this p	osition?		
On what date can you start w	orking if you are hired?		
Personal Information			
Are you a U.S. citizen or appro	wed to work in the United States? (circle one)	Yes	No
What document can you prov	ide as proof of citizenship or legal status?		
Job Skills/Qualifications			
Please list below the skills and	l qualifications you possess for the position for w	/hich you ar	е
applying:			

Note: Town of Eau Pleine complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Education and Training	
High School	
Name	
Location (City, State)	
Year Graduated	
Degree Earned	
College/University	
Name	
Location (City, State)	
Year Graduated	
Degree Earned	
	ad Training
Vocational School/Specialize Name	ed training
Location (City, State)	
Year Graduated	
Degree Earned	
Militory	
Military	
Are you a member of the Ar	
What branch of the military	
What was your military rank	
How many years did you ser	· · · · · · · · · · · · · · · · · · ·
What military skills do you p	ossess that would be an asset for this position?
Previous Employment	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	

Reason for leaving:

Employer Name:	 	
Job Title:	 	
Supervisor Name:		
Employer Address:		
City, State and Zip Code:	 	
Employer Telephone:	 	
Dates Employed:	 	
Reason for leaving:	 	
Employer Name:		
Job Title:		
Supervisor Name:	 	
Employer Address:		
City, State and Zip Code:	 	
Employer Telephone:	 	
Dates Employed:	 	
Reason for leaving:	 	

AT-WILL EMPLOYMENT

The relationship between you and the Town of Eau Pleine is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Town of Eau Pleine. No representative of Town of Eau Pleine has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:

Date: