



## APPLICATION FOR EMPLOYMENT

**Village of Summit**  
**37100 Delafield Road**  
**Summit, WI 53066**

Office Use Only

Position: \_\_\_\_\_

Appl. #: \_\_\_\_\_

Dear Applicant: The Village of Summit appreciates your interest in a position with our organization. To facilitate a fair and impartial review of your qualifications, a clear understanding of your background and work history is necessary. **Please complete this form in its entirety. Please type or print legibly.** The Village of Summit is an Equal Opportunity Employer.

PERSONAL INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:			HOME PHONE:		
STATE:		ZIP:		BUSINESS PHONE:	
E-MAIL:					
EDUCATION					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE					
COLLEGE					
BUSINESS / TRADE / TECHNICAL					
HIGH SCHOOL		NOT APPLICABLE			
ELEMENTARY		NOT APPLICABLE			N/A
MILITARY SERVICE					
BRANCH OF SERVICE	MO/YR SERVED (FROM - TO)	ACTIVE DUTY OR RESERVE?	HIGHEST GRADE	SKILL SPECIALTY OR PRIMARY DUTY	
LIST SPECIAL SCHOOLS ATTENDED/SKILLS ACQUIRED DURING MILITARY SERVICE:					

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT)	
FROM	TO
EMPLOYER & ADDRESS:	
JOB TITLE:	
DUTIES:	
NAME OF SUPERVISOR & TELEPHONE:	
ANNUAL SALARY/WAGES:	
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER/SUPERVISOR? <input type="radio"/> YES <input type="radio"/> NO	
FROM	TO
EMPLOYER & ADDRESS:	
JOB TITLE:	
DUTIES:	
NAME OF SUPERVISOR & TELEPHONE:	
ANNUAL SALARY/WAGES:	
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER/SUPERVISOR? <input type="radio"/> YES <input type="radio"/> NO	
FROM	TO
EMPLOYER & ADDRESS:	
JOB TITLE:	
DUTIES:	
NAME OF SUPERVISOR & TELEPHONE:	
ANNUAL SALARY/WAGES:	
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER/SUPERVISOR? <input type="radio"/> YES <input type="radio"/> NO	
FROM	TO
EMPLOYER & ADDRESS:	
JOB TITLE:	
DUTIES:	
NAME OF SUPERVISOR & TELEPHONE:	
ANNUAL SALARY/WAGES:	
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER/SUPERVISOR? <input type="radio"/> YES <input type="radio"/> NO	

**REFERENCES (PLEASE DO NOT INCLUDE FORMER EMPLOYERS, RELATIVES, OR CLERGY)**

NAME:	TELEPHONE:
OCCUPATION:	ADDRESS:
APPROXIMATELY HOW MANY YEARS HAVE YOU KNOWN THIS INDIVIDUAL?	
NAME:	TELEPHONE:
OCCUPATION:	ADDRESS:
APPROXIMATELY HOW MANY YEARS HAVE YOU KNOWN THIS INDIVIDUAL?	
NAME:	TELEPHONE:
OCCUPATION:	ADDRESS:
APPROXIMATELY HOW MANY YEARS HAVE YOU KNOWN THIS INDIVIDUAL?	
NAME:	TELEPHONE:
OCCUPATION:	ADDRESS:
APPROXIMATELY HOW MANY YEARS HAVE YOU KNOWN THIS INDIVIDUAL?	
NAME:	TELEPHONE:
OCCUPATION:	ADDRESS:
APPROXIMATELY HOW MANY YEARS HAVE YOU KNOWN THIS INDIVIDUAL?	
<b>ADDITIONAL INFORMATION</b>	
POSITION APPLIED FOR:	
EMPLOYMENT DESIRED: <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Temporary	
ARE YOU NOW OR WERE YOU EVER EMPLOYED BY THIS VILLAGE? <input type="radio"/> YES <input type="radio"/> NO IF YES, WHAT POSITION?      FROM _____ TO _____ REASON FOR LEAVING?	
LIST ANY RELATIVES EMPLOYED BY OR CURRENTLY HOLDING AN APPOINTIVE OR ELECTIVE POSITION IN THIS VILLAGE:	

**ADDITIONAL INFORMATION (CONTINUED)**

HAVE YOU EVERY BEEN CONVICTED OF A FELONY WHICH SUBSTANTIALLY RELATES TO  
THE POSITION FOR WHICH YOU ARE APPLYING?                    ☐ YES    ☐ NO  
IF YES, PLEASE ATTACH SEPARATE SHEET GIVING FULL INFORMATION.

IS THERE ANY OTHER INFORMATION, APPLICABLE TO THIS POSITION THAT YOU WISH TO HAVE CONSIDERED AS PART OF YOUR APPLICATION FOR EMPLOYMENT? SUPPLEMENTAL INFORMATION MAY BE ATTACHED TO THE COMPLETED APPLICATION FORM IF NECESSARY.

**APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW**

I, the undersigned, hereby attest that the facts set forth in my application for employment with the Village of Summit are true and complete. I acknowledge that if employed by the Village of summit, any false statement on this application may result in my immediate dismissal. I further acknowledge that this application is not and is not intended to be a contract of employment, nor does this application obligate the Village of Summit in any way if the employer decides to employ me. The completion of this form exclusively authorizes the Village of Summit to make investigation of my personal history through any investigative means consistent with the law.

Signature of Applicant

Date \_\_\_\_\_

**OFFICE USE ONLY****REVIEWED BY:**

**DATE:**

**COMMENTS:**