W1195 Mariette Ave • Ixonia, WI 53036 • Phone: 920.261.1588 • Fax: 920.261.8988 TOWNHALL@TOWNOFIXONIA.COM

		App	licar	t Information				
Full Name:						Date:		
Addross:	Last Firs	t		Middle	Maiden/Previous			
Address:	Street Address							
	City				State	ZIP Cod	le	
Phone:				Email:				
Position App	plied for:							
Have you w	orked for the Town before?	YES	NO	If yes, explain				
Do you have a valid Driver's License (DL)?		YES	NO	DL Number				
Are you a citizen of the United States?			NO	If no, are you at	uthorized to work ir	n the U.S.?	YES	NO
Are you currently employed?			NO	May we inquire	with your current e	employer?	YES	NO
have any violations	ever been convicted or do you pending charges for any of Municipal or County , or State or Federal laws?	/	NO					
not limited to circumstance subject to the (including p substantially prohibits you you are unfi	n please provide all information o, the date of the incident, the dates of the incident, the location are pending charge or the convict leas) alone will not automatically y relates to the employment posituation of the for the position. This informations on the addendum provided a	ate of the and prose ion. You disqual iton that the job o on will o	e con ecutir are i ify yo you a r if the nly be d of th	viction or filing of agency and in a gency and in a nformed by the law from employment of the Town's investigued as permitted application. Si	f the charge, a sum vestigating agency fown that any pendent unless the pendent Town or if the cogation of the underlied by law. Write a	mary of the f , and the spe ling charge o ding charge conviction or a ying facts de short narrati	actual recific violer convictor convictor convictor monstra	lation tion ction order ites
			Ed	ucation				
High School	ol:	Ad	dress	:	Cradit haves			
Studies:				YES NO	Credit hours _(if you did not graduate)			
From:	To: Dic	d you gra	aduat		Diploma/GED:			
College:		Ad	dress	:				
Studies:					Credit hours (if you did not graduate)			
From:	To: Dic			YES NO	Degree:			

	Refer	ences		
Please list three	e professional references, not related to y	ou, whom y	ou have l	known at least one year.
Full Name:			Years	Known:
Company:				Email:
Address:			Phone	Number:
Full Name:			Years	s Known:
Company:				Email:
Address:			Phone	Number:
Full Name:			Years	Known:
Company:				Email:
Address:			Phone	Number:
	Previous E	Employme	nt	
Employer:				Phone:
Address:				Supervisor:
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:\$
Responsibilities	:			
From:	To:	Reason for	r Leaving:	<u>: </u>
May we contact	your previous supervisor for a reference?	YES	NO	Email:
Employer:				Phone:
Address:				Supervisor:
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary: <u>\$</u>
Responsibilities	:			
From:	To:	Reason for	r Leaving:	
May we contact	your previous supervisor for a reference?	YES	NO	Email:

Please list other college education / vocational training / volunteer work or certification relevant to the position

Employer:					Phone:			
Address:						Supervisor:		
Job Title:	Starting Salary:\$			Ending Salary:				
Responsibilities:								
From:	To:		Reason fo	r Leavinç	j:			
May we contact you	previous supervisor for a ref	erence?	YES	NO	Email:			
	Authorization, Re	elease, C	ertificatio	n and S	Signature			
public of the Town I standards, I unders requested informati rejection of my appl I understand that m the following: interv character, personal	hiring high quality candidate tand that any false or misles on on this application or prolication or, if employed, my to pursuit of employment maiews, skills or abilities testing history, work record and renditional offer pre-employment.	es to serve ading state ovided by natermination ay be conting, drug scr ferences, a	the public's ment, omis me during the during the number of	s interes ssion, or ne hiring the sati ckgroun I examii	Because of the importance to ts with integrity and high ethica misrepresentation concerning process shall be a sufficient be sfactory completion of any or a d check, and investigation of mations. I consent to this proces	I asis for II of IY ss		
screening process.		otiate the			ement regarding the background ment and that I will not be cons			
I understand this ap	pplication will be considered	inactive a	fter thirty da	ays unle	ss otherwise decided by the To	wn.		
I certify I have read	(or have read to me) and u	nderstand	this authori	ization a	nd certification.			
Signature:		Date:						
Please return applica	ation to: Town Hall W1195 Marietto	o Avenue						
	lxonia, WI 5303							

Email: townhall@townofixonia.com

If you need an accommodation at any time during the recruitment or employment process, please inform us of your needs. The Town of Ixonia is an Equal Opportunity Employer and provides equal opportunities for all qualified individuals. We do not discriminate against employees or applicants because of their age, race, gender, gender identity, sexual orientation, religion, color, creed, national origin, veteran status, unemployment status, disability, or any other classification regarded as protected under state or federal law.

Addendum to Town of Ixonia Application for Employment: Information Related to Pending Charges or Convictions, If Any
