

TOWN OF ARCADIA

APPLICATION FOR EMPLOYMENT

TOWN OF ARCADIA
N26051 STATE ROAD 95
ARCADIA, WI 54612
OFFICE: (608) 323-3470
FAX: (608) 323-3470
townofarcadia@outlook.com

Ⓢ indicates required information

Ⓢ Position applying for: _____

PERSONAL DATA

Ⓢ FIRST NAME _____ M.I. _____ Ⓢ LAST _____

FORMER/MAIDEN NAME _____

Ⓢ ADDRESS (Street number and name) _____

Ⓢ CITY _____ Ⓢ STATE _____ Ⓢ ZIP _____ Ⓢ PHONE _____

Ⓢ EMAIL _____

• Have you ever filed an application with us before? Ⓢ ☐ Yes ☐ No If yes, when? _____

• When are you available to begin employment? Ⓢ _____

• Do you speak any languages other than English? If so, what language and level of fluency? Ⓢ _____

GENERAL INFORMATION

• Are you legally eligible to work in the United States? Ⓢ ☐ Yes ☐ No

• Are you a former employee of Town of Arcadia? Ⓢ ☐ Yes ☐ No

If yes, please indicate: Department _____ Date Separated _____

• Have you ever been convicted of any unlawful offense, other than a minor traffic violations? Ⓢ ☐ Yes ☐ No

If yes, please explain: _____

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

• Do you have a valid driver's license? Ⓢ ☐ Yes ☐ No

• Do you have a valid commercial driver's license (CDL)? Ⓢ ☐ Yes ☐ No

List Endorsements: _____

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.
If more room is needed please provide a resume in addition to the application.

May we contact your present employer?

☐ Yes

☐ No

Employer: (Present or most recent)		Address:		Phone No:
Job Title:		Name of Supervisor:		# supervised by you:
Date employed: (mo/yr)	Starting Salary	Ending Salary	Reason for leaving:	
Date separated: (mo/yr)	Job duties: (Be specific)			
<input type="checkbox"/> Full-time # Years #Months				
<input type="checkbox"/> Part-time # Years #Months				
If part-time, number of hours per week				

Employer:		Address:		Phone No:
Job Title:		Name of Supervisor:		# supervised by you:
Date employed: (mo/yr)	Starting Salary	Ending Salary	Reason for leaving:	
Date separated: (mo/yr)	Job duties: (Be specific)			
<input type="checkbox"/> Full-time # Years #Months				
<input type="checkbox"/> Part-time # Years #Months				
If part-time, number of hours per week				

Employer:		Address:		Phone No:
Job Title:		Name of Supervisor:		# supervised by you:
Date employed: (mo/yr)	Starting Salary	Ending Salary	Reason for leaving:	
Date separated: (mo/yr)	Job duties: (Be specific)			
<input type="checkbox"/> Full-time # Years #Months				
<input type="checkbox"/> Part-time # Years #Months				
If part-time, number of hours per week				

Employer:		Address:		Phone No:
Job Title:		Name of Supervisor:		# supervised by you:
Date employed: (mo/yr)	Starting Salary	Ending Salary	Reason for leaving:	
Date separated: (mo/yr)	Job duties: (Be specific)			
<input type="checkbox"/> Full-time # Years #Months				
<input type="checkbox"/> Part-time # Years #Months				
If part-time, number of hours per week				

PREPARATION & PERFORMANCE

EDUCATION

	HIGH SCHOOL	VOCATIONAL / TECHNICAL SCHOOL	COLLEGE / UNIVERSITY	GRADUATE / PROFESSIONAL
School Name				
School Name continued (if needed)				
Location (city, state)				
Enter the number of years completed for each level of education				
List credit hours received (S)-Semester (Q)-Quarter				
Diploma/Degree received				
Course of study				

TRAINING

List fields of work for which you have been registered, licensed, or certified. (Including driving, Reg. and CDL)

License: _____ State: _____ No: _____ Exp Date: _____

License: _____ State: _____ No: _____ Exp Date: _____

List internships, specific courses, workshops, training and /or rotations you may have had that relate to the position you are applying for. Include credit hours of CEU's if applicable.

SKILL

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our County. Include any professional licenses or skill.

- | | | |
|--|--|---|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Copy machine | <input type="checkbox"/> Multi-line Switchboard |
| <input type="checkbox"/> Email | <input type="checkbox"/> Data entry | <input type="checkbox"/> Financial/Banking |
| <input type="checkbox"/> Transcription | <input type="checkbox"/> 10-key adding machine | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Insurance/Billing | | |
| <input type="checkbox"/> Computer Programming (specific language and equipment): | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Electrician | |
| | <input type="checkbox"/> HVAC | |

REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-worker, teacher, etc. DO NOT repeat the names of supervisors previously listed.

Name	Address (city and state)	Phone