

TOWN OF ARCADIA

APPLICATION FOR EMPLOYMENT

TOWN OF ARCADIA
W/26051 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			

GENERAL INFORMATION	<ul style="list-style-type: none">Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> 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? _____
	<ul style="list-style-type: none">Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> NoAre you a former employee of Town of Arcadia? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate: Department _____ Date Separated _____
	<ul style="list-style-type: none">Have you ever been convicted of any unlawful offense, other than a minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

GENERAL INFORMATION	<ul style="list-style-type: none">Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> NoDo you have a valid commercial driver's license (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> 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

1 Employer: (Present or most recent)	1 Address:	1 Phone No:
1 Job Title:	1 Name of Supervisor:	1 # supervised by you:
1 Date employed: (mo/yr)	1 Starting Salary	1 Ending Salary
1 Reason for leaving:		
1 Date separated: (mo/yr)	1 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

CERTIFICATION OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. I understand that any incomplete, misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, my employment with Town of Arcadia may be terminated. I understand that employment with Town of Arcadia is at-will and I agree that Town of Arcadia shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

In addition, I give the following Authorization to Release Information. I also authorize pertinent former employers, companies, schools, agencies, municipalities or persons to give to Town of Arcadia any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment with the Town, including a check of my fingerprints, police record and background for purposes of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand that my name and other pertinent information may be released to the general public and to the news media if this information is requested according to the requirements stated in Wisconsin's Open Records Law. Skill and drug testing may be required depending upon the position for which you are applying. In addition, a copy of this authorization is as valid as the original and should be recognized as such. I further understand that I may be asked to undergo a physical examination, which may include substance abuse screening (drug testing), prior to employment with Town of Arcadia. Refusal to participate in such examination will result in the rejection of my application. Finally, I have read and understand the description of the job I am applying for and I certify that I am able to perform all the required functions of the job.

● Sign Name Here

● Date