



Town of Phelps

Vilas County, Wisconsin

Employment / Volunteer Application

The Town of Phelps is an Equal Opportunity Employer

Applicant Information

Name: _____
Last First M.I.

Street Address: _____ Apartment/Unit# _____

City _____ State _____ ZIP _____

Phone: _____ Email _____

Position Applied for: _____ Do you consent to required background check and drug test? YES ☐ NO ☐

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Do you have a valid WI driver's license YES ☐ NO ☐ Do you have a valid CDL license? YES ☐ NO ☐

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐

College: _____ Address: _____

From: _____ To: _____ Degree: _____

List additional educational training, certifications or skills: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Professional References

Full Name: _____ Employment Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Employment Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Employment Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____