

VILLAGE OF DORCHESTER

Clark & Marathon Counties

250 Parkside Dr., Dorchester, WI 54425
Phone: (715) 654-5006

Website: dorchesterwi.com
Email: clerk@dorchesterwi.gov

PUBLIC WORKS DEPARTMENT EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY #
PHONE NUMBER	CELL PHONE	EMAIL	ADDRESS
MAILING ADDRESS	CITY	STATE	ZIP CODE
DRIVER'S LICENSE NUMBER	ISSUING STATE	CLASS/ENDORSEMENTS	

Are you legally eligible to work in the United States?

Yes { } No { }

Have you ever been convicted of a crime or offense, or are you currently facing any pending charges?

Yes { } No { } If yes, please give details:

Note: A conviction or pending charge will not necessarily disqualify you from employment. It will be considered only if the circumstances are substantially related to the particular job you are seeking. Each case is reviewed individually.

EDUCATION

HIGH SCHOOL/GED	CITY/STATE	DID YOU GRADUATE?	COURSE OF STUDY
COLLEGE	CITY/STATE	DID YOU GRADUATE?	DEGREE
GRAD SCHOOL/TECH COLLEGE	CITY/STATE	DID YOU GRADUATE?	DEGREE
OTHER TRAINING	CITY/STATE	CLASSES TAKEN	

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JOB INTEREST

Position applied for: _____

Date available to start: _____

Desired wage: _____

Please list any certifications related to the position:

SPECIAL SKILLS, APTITUDES, AND OTHER QUALIFICATIONS

List any machinery or heavy equipment operating experience you have:

Computer experience (software, hardware):

EMPLOYMENT HISTORY

List current and past employers, beginning with most recent. All spaces must be complete; incomplete applications may be rejected.

1. Name/address: _____

From month/year _____ to month/year _____ Ending salary: _____

Supervisor's name: _____ Phone no. _____

Reason for leaving: _____ May we contact? _____

2. Name/address: _____

From month/year _____ to month/year _____ Ending salary: _____

Supervisor's name: _____ Phone no. _____

Reason for leaving: _____ May we contact? _____

3. Name/address: _____

From month/year _____ to month/year _____ Ending salary: _____

Supervisor's name: _____ Phone no. _____

Reason for leaving: _____ May we contact? _____

4. Name/address: _____

From month/year _____ to month/year _____ Ending salary: _____

Supervisor's name: _____ Phone no. _____

Reason for leaving: _____ May we contact? _____

REFERENCES

List 3 people (NOT relatives or past employers) who have knowledge of your qualifications & character:

1. Name/address: _____

Phone number: _____ Email address: _____

Years acquainted: _____

2. Name/address: _____

Phone number: _____ Email address: _____

Years acquainted: _____

3. Name/address: _____

Phone number: _____ Email address: _____

Years acquainted: _____

APPLICANT'S CERTIFICATION & SIGNATURE

- I certify that all statements made in this application are complete and true, and that false or misleading information supplied by me is grounds for canceling the application or for immediate termination. I authorize the Village of Dorchester to investigate my personal, work, and employment histories, and to perform background/criminal checks and a pre-employment drug screen.
- I understand that all Village of Dorchester employees are under probationary status for a period of 6 months; my employment may be terminated during this period for any (or no) reason without recourse.
- I authorize my former employers to release my employment records, including salary and termination information. I release them from any liability for damages in providing this information.

PRINTED NAME _____

SIGNATURE _____

DATE _____