

"In the Spirit of Town Government"

Town of Buchanan N178 County Rd N Appleton, WI 54915 Phone: 920-734-8599

PRE-EMPLOYMENT APPLICATION

Fax: 920-734-9733 Web: www.townofbuchanan.org

Town of Buchanan in an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

INSTRUCTIONS - Please read carefully:

- 1. A separate application must be completed and submitted for each position for which you seek consideration.
- 2. You must fully and accurately complete the Application for Employment. If needed, please keep this application and return it when you have the full information. We may use the given information in the application to investigate the applicant's previous employment and background.
- 3. Applicants who need assistance in filling out the application should inform the person who provided this form.

Title of Position Applied For:					
First Date Available for Work:	Last Date Available for Work: (Seasonal Positions Only)				
NAME	·				
ADDRESS (STREET)	BUS. PHONE				
(CITY, STATE, ZIP CODE)					
Are you at least 18 years of age? Are you a resident of the Town of Buchanan? Have you ever been employed by the Town of Buchanan?	[] Yes				
If yes, when, in what position?					
Have you ever been convicted of a felony?	[] Yes				
If yes, please Explain:					
EDUCA	ATION				
HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SEC	CONDARY SCHOOL				
DID YOU GRADUATE? [] Yes [] No					
NAME/LOCATION OF HIGH SCHOOL	GRADE POINT AVERAGE:				
AWARDS, ACHIEVEMENTS, HONORS RECEIVED:					
If you have not received a high school diploma, have you passed a	a high school equivalency or GED test? [] Yes [] No				

TRAINING BEYOND HIGH SCHOOL ((COLLEGE	OR UNI\	/ERSITY)			
College, University or School Name and Location			sently ending		Major Field		Degree Conferred and Year
		YES	NO				
		YES	NO				
		YES	NO				
Describe any education or training you etc. List dates attended.	have had v	which is no	ot covere	d above	e, such as vocationa	al school,	correspondence courses
		EMF	PLOYM	ENT H	HISTORY		
List your past three WORK experiences	s (paid or v	olunteer)	starting v	vith the	most recent.		
1) Position Held			Posit	ion Des	scription		
Employer			Addr	ess			Phone
Supervisor			Date	s of Em	ployment: From:		То:
Reason for leaving			May	we con	tact this employer?		
2) Position Held			Posit	ion Des	scription		
Employer			Addr	ess			Phone
Supervisor			Date	s of Em	ployment: From:		То:
Reason for leaving			May	we con	tact this employer?		
3) Position Held			Posit	ion Des	scription		
Employer			Addr	ess			Phone
Supervisor			Date	s of Em	ployment: From:		То:
Reason for leaving			May	we con	tact this employer?		
List any other relevant job experiences	or qualifica	ations:					
Do you have a valid Drivers License?	[]	Yes	[]	No	Drivers License # _		
Do you have a valid CDL?	[]	Yes	[]	No	CDL License #		

REFERENCES: GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR THAT WE MAY CONTACT

NAME	DAYTIME PHONE OR CELL NUMBER	HOW ACQUAINTED	YEARS ACQUAINTED
1			
2			
3			

Authorization and Release		
I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand the my application will not be given further consideration if I have provided any false statements or omissions during the application process. I also understand that if I am employed, any false statements or omissions can lead to immediate dismissal, and I agree that the Town shall not be held liable in any respect if my employment is terminated for that reason. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history. I authorize the companies, school and any persons named in this application to give any information requested regarding my employment, character, and qualifications, and I release, hold harmless and agree to indemnify the Town and the companies, schools, and persons from or for any liability related to the release of or the failure to release any information. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause. I further understand that any offer of employment may be conditioned upon the results of a physical or mental examination and my cooperation in such process.		
(Signature) (Date)		