

"In the Spirit of Town Government"

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

PRE-EMPLOYMENT APPLICATION

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

Town of Buchanan is 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	RES. PHONE			
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 [] No			
If yes, please Explain:				
EDUCATI	ON			
HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECON	NDARY 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 hig	h school equivalency or GED test? [] Yes [] No			

College, University or School		Pres	sently		Major Field	ı	Degree Conferred
Name and Location	I	Atte	nding				and Year
		YES	NO				
		YES	NO				
		YES	NO				
Describe any education or training you hat etc. List dates attended.	ave ha	d which is no	ot covere	;d abo∖	e, such as vocationa	al school,	correspondence course
		EMF	PLOYM	IENT	HISTORY		
List your past three WORK experiences (paid c	or volunteer)	starting v	with the	e most recent.		
1) Position Held			Posi	tion De	scription		
Employer			Address			Phone	
Supervisor			Date	s of Er	nployment: From:		То:
Reason for leaving			May	we coi	ntact this employer?		
2) Position Held			Posi	tion De	scription		
Employer	A		Addr	Address		Phone	
Supervisor	visor		Date	Dates of Employment: From:			То:
Reason for leaving			May	we cor	ntact this employer?		
3) Position Held			Posi	tion Dε	scription		
mployer		Addr	Address			Phone	
pervisor		Date	Dates of Employment: From:			То:	
Reason for leaving			May	we coi	ntact this employer?		
List any other relevant job experiences or	quali	fications:					
Do you have a valid Drivers License?	[] Yes	[]	No	Drivers License # _		
Do you have a valid CDL?	[] Yes	[]	No	CDL License #		

TRAINING BEYOND HIGH SCHOOL (COLLEGE OR UNIVERSITY)

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 that
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, schools, 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.

(Date)

(Signature)