

TOWN OF ST. JOSEPH, WISCONSIN

1337 County Road V, Hudson, WI 54016

www.townofstjoseph.com (715)549-6235

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

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 worked for the Town? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

Other: _____ Address: _____

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

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Driver's License Information

Driver's License Number _____ State Issued By _____ Class _____

Disclaimer and Signature

I certify that the information provided on this application is true and complete to the best of my knowledge. In the event of my employment, I understand that any false or misleading information given in my application or any interview(s) or testing may result in my immediate discharge.

I authorize the verification of all information and statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if I am offered employment, I may be subject to a criminal background check to determine fitness for the position.

I understand that this application does not constitute an offer of employment with the Town of St. Joseph. I understand that it is my responsibility to submit any contact information or availability changes to the Town.

Signature: _____ Date: _____