



Application For Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status

(PLEASE PRINT)

Position Applying For		Date of Application	
Last Name	First Name	MI	
Address	City	State	Zip
Telephone Number		Social Security Number	
Email			

Are you over the age of 18 years old?	Yes		No	
Have you ever filed an application with us before?	Yes		No	
Are you currently employed?	Yes		No	
May we contact your present employer?	Yes		No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes		No	
On what date would you be available for work?				
Are you available to work:	Full Time		Part Time	
Are you physically or otherwise unable to perform duties of the job for which you are applying?	Yes		No	
Are you currently on "lay-off" status and subject to recall?	Yes		No	
Can you travel if the job requires it?	Yes		No	
Have you been convicted of a felony within the past 7 years?	Yes		No	
If Yes, please explain:				

THE TOWN OF DELAFIELD IS AN EQUAL OPPORTUNITY EMPLOYER



Education

	High School				Undergraduate College/University				Graduate/Professional			
School Name & Location												
Years Completed	09	10	11	12	1	2	3	4	1	2	3	4
Describe course of study												
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.												
Describe any honors you have received.												
State any additional information that you feel may be helpful in considering your application.												

Indicate any foreign languages you can read, write, and/or speak.			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

References

Please provide names, addresses, and telephone numbers of three references who are not related to you and are not previous employers.

	Name	Address	Phone Number
1.			
2.			
3.			

Have you ever had job-related training in the United States military?	Yes		No	
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If Yes, please describe: _____



Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which would indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.



Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this point should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Office Use Only

Application Received: _____

Interview Comments: _____

Job Title _____ Department: _____ Rate: _____

Hired by: _____
Name Title

Notes: _____
