

TOWN OF CABLE

P.O. Box 476
Cable, WI 54821
PHONE (715) 798-4440
Fax (715) 798-4470

APPLICATION FOR EMPLOYMENT

This application constitutes a part of the examination process. The Town cannot assume responsibility for the confidentiality of information provided on an employment application. It must be completed in full even if resumes or other supporting materials are attached. Please answer all questions fully and accurately. Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive. Make your statements brief, but do not omit important information which may have relevance to the position.

POSITION APPLYING FOR: _____

Name: _____

Address: _____

Street/Apt. No./P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Social Security No: _____

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes No

Are you 18 years old or older? Yes No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Do you have a valid driver's license? Yes No

Commercial Drivers License? Yes No

Please attach a copy of CDL if required for vacancy.

EMPLOYMENT HISTORY: In the space provided below, give your employment history beginning with your most recent employer. List all positions held. Include any applicable military and voluntary positions. (If additional space is required, please attach an additional sheet and use the same format as below.)

Name of Employer:

Address:

Name & Title of Supervisor:

Your Job Title:

Duties:

Reason for Leaving:

Employed: Full Time Part Time Hours Per Week

Employed From: / To: /

Name of Employer:

Address:

Name & Title of Supervisor:

Your Job Title:

Duties:

Reason for Leaving:

Employed: Full Time Part Time Hours Per Week

Employed From: / To: /

Name of Employer:

Address:

Name & Title of Supervisor:

Your Job Title:

Duties:

Reason for Leaving:

Employed: Full Time Part Time Hours Per Week

Employed From: / To: /

REFERENCES: List below individuals (not relatives) who know your character, ability and experience.

Name Street City/State/Zip Telephone

1

2

3

SPECIALIZED TRAINING AND SKILLS: List any special qualifications or experience which you feel may qualify you for the position for which you are applying (include seminars, areas of research, special awards, professional memberships and licenses.)

ADDITIONAL INFORMATION: Occasionally, an application form makes it difficult for an individual to adequately summarize his/her complete background. To help us better evaluate your qualifications for a Town position, use the space below to provide any additional information necessary to describe your full qualifications.

PLEASE READ: I certify the above information is correct and truthful. I realize, too, that falsification of any information on this application may be grounds for rejection of this application or termination of employment, if the falsification is discovered after employment commenced. I also give consent for you to check with personal references, post-conditional job offer medical records, previous employers and educational institutions concerning my past employment and personal history and to receive reports that may be relevant to my background from other employers and to check criminal and driving records. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history. I further understand that the acceptance of this form does not constitute an employment agreement. Failure to fill out this application completely may result in my disqualification from any further consideration for employment. Proof of citizenship or employment eligibility in accordance with the Immigration Reform and Control Act of 1986 may be required at time of appointment.

DRUG/ALCOHOL TESTING: The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicants will be required to pass a test for drugs of abuse and/or alcohol misuse. Failure to pass such tests will result in the withdrawal of any offer of employment.

I hereby acknowledge that I have read the above statements and understand them

Signature

Date