

Town of Mountain
13053 Weller Road
Mountain, WI 54149
Telephone: (715) 276-6474 Fax: (715) 276-6007

Application for Employment
Applicants May be Tested for Illegal Drugs

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

Name: _____
Last First Middle Maiden

Address: _____
Number & Street City State Zip Code

Phone Number: (____) _____ Cell Number (____) _____

Are you eligible to work in the United States? Yes _____ No _____

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

Have you had any accidents or moving violations during the past three years? Yes _____ No _____

If yes, please explain: _____

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied for: _____

Days/Hours Available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Hours Available: from _____ to _____

What date are you available to start work? _____

EDUCATION:

Name and Address of School –	Degree/Diploma – Graduation Date
_____	_____
_____	_____
_____	_____
_____	_____

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present or Last Position:

Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Position/Title: _____ Start date: _____ Ending: _____

Responsibilities: _____

Salary: Start: _____ Ending: _____ Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Position/Title: _____ Start date: _____ Ending: _____

Responsibilities: _____

Salary: Start: _____ Ending: _____ Reason for Leaving: _____

References:

Name/Title -	Address -	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future, if I am hired. I authorize the verification of any or all information listed above.

Signature _____ Date _____