

Application for Employment

Village of Rothschild
 211 Grand Avenue
 Rothschild, WI 54474

Phone: 715/359-3660211
 Phone: 715/359-3660
 Fax: 715/359-7218

Please Print or Type All Information ~ Use Additional Pages if Necessary
 Personal information you provide may be used for secondary purposes {Privacy Law § 15.04(1)(m)}

 Position

 Date of Application

Last Name	First Name	Middle Initial
Please fill in your Date of Birth if you are under Age 18:		
Month	Day	Year
Applicant's Email Address:		
Present Address - Street, City, State, Zip	Home Phone # (Include Area Code)	
Mailing Address (if different from above) - Street, City, State, Zip	Business Phone # (Include Area Code)	
Have you been known by a different name by any references, schools, or employers listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate name		
Social Security #	Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If No, do you have a permit to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When?	Type of Crime?
Type of Employment Preferred (Check more than once box if desired)		
<input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Seasonal: Dates available _____ to _____		
What hours are you NOT available to work?		
What days are you NOT available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Date available for employment?		

Education and Training

Circle the highest grade or year completed in school 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of High School
Training beyond High School (College or University, Nursing, Business College, or other schools you have attended) Under credits earned, indicate Q for quarter hours and S for semester hours		Circle the number of years in College or University 1 2 3 4 5 6 7 8
Name and Location	Dates Attended To and From	Credits Earned
Major Course Of Study	GPA/ Base	Degree & Year Graduated

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, volunteer work, life experiences, extracurricular activities, and any other experiences which you feel are relevant to the job or jobs for which you are applying. Please specify length of time spent on these. Also include relevant licenses or certificates. BE SPECIFIC. Feel free to attach documentation.

List any organizations you belong to (or have belonged to) and any job-related honors or awards you have received.

Work Experience

Please provide a complete description. This information will be used to determine if your application is accepted. BE SPECIFIC. Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
Job Duties	Hours Worked Per Week	
	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
Job Duties	Hours Worked Per Week	
	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
Job Duties	Hours Worked Per Week	
	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
Job Duties	Hours Worked Per Week	
	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills

List all office machines, heavy equipment, or any other equipment related to the job you are applying for that you are skilled in operating (such as personal computer, computer software, dictation equipment, front-end loader, etc.)		
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.
If Applicable: #	Typing Speed: _____ Words Per Minute	Shorthand Speed: _____ Words Per Minute
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #	State
Do you possess a Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	License #	
What level of classified license do you currently hold: A B C D M		
Check appropriate endorsement(s) received	<input type="checkbox"/> "T" Double/Triple Trailers <input type="checkbox"/> "H" Hazardous Materials <input type="checkbox"/> "X" Hazardous Materials & Tankers	<input type="checkbox"/> "N" Tank Vehicles <input type="checkbox"/> "P" Passengers <input type="checkbox"/> "S" School Buses
Have you passed the CDL special knowledge and skill tests regarding air brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

Please list references (not relatives) to contact who have knowledge of your qualifications.

Name	Title / Occupation	Company / Address	Telephone #

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize you, at the time of my application for employment or during the course of my employment, to obtain from any source regarding my education, experience, competence, or character or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated.

Signature

Date