

# APPLICATION FOR EMPLOYMENT

VILLAGE OF WESTON

Personnel Department  
Weston Municipal Center  
5500 Schofield Avenue  
Weston, WI 54476

Phone (715) 359-6114  
Fax (715) 359-6117

\_\_\_\_\_  
Position Applying For

PERSONAL

Applicant's Full Name: Last			First			Middle		
Email:			Phone Number:			If not a U.S. citizen, type of visa:		
Present Address: Street				City		State		Zip Code
Have you been known by a different name by any references, schools or employers listed on this application?						<input type="checkbox"/> Yes	If so, indicate name:	
						<input type="checkbox"/> No		
Please put down date of birth only if you are under age 18:				Month	Day	Year		
Employment Acceptable: <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Regular						Date available for employment:		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						If so, when:	Type of crime:	

Name \_\_\_\_\_  
Last \_\_\_\_\_  
First \_\_\_\_\_  
Date of Application \_\_\_\_\_  
Month \_\_\_\_\_  
Day \_\_\_\_\_  
Year \_\_\_\_\_

EDUCATION

School	Name & Address of Institution	Major Course of Study	Circle Last Year Completed	Did You Graduate?	Year Graduated	List Diploma or Degree
HIGH SCHOOL OR G.E.D.	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
VOCATIONAL TECHNICAL BUSINESS SCHOOL	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
COLLEGE (Undergraduate)	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
COLLEGE (Graduate)	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
Additional related courses/training beyond studies listed above:						
Professional licenses/certifications:						
Type		State		Exp. Date	Registration Number	

The information regarding your previous experience will be carefully reviewed to determine your qualifications for this position. Be specific in your responses. In describing your duties, please **include percentage of time spent** on each duty as well as equipment operated and supervisory responsibilities.

List present or most recent position first, then next recent, etc. (include all part-time jobs, military experience).

PREVIOUS PAID EXPERIENCE

A. Employer's Name:				
Address: Street	City	State	Zip Code	Phone Number:
Job Title:		Supervisor's Name and Title:		
Dates From: Mo./Yr.	To:	Total Time Worked: Years	Months	Hours Per Week:
Describe duties:				
				No. of employees you supervised:
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Employer's Name:				
Address: Street	City	State	Zip Code	Phone Number:
Job Title:		Supervisor's Name and Title:		
Dates From: Mo./Yr.	To:	Total Time Worked: Years	Months	Hours Per Week:
Describe duties:				
				No. of employees you supervised:
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

C. Employer's Name:				
Address: Street	City	State	Zip Code	Phone Number:
Job Title:		Supervisor's Name and Title:		
Dates From: Mo./Yr.	To:	Total Time Worked: Years	Months	Hours Per Week:
Describe duties:				
				No. of employees you supervised:
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

D. Employer's Name:				
Address: Street	City	State	Zip Code	Phone Number:
Job Title:		Supervisor's Name and Title:		
Dates From: Mo./Yr.	To:	Total Time Worked: Years	Months	Hours Per Week:
Describe duties:				
				No. of employees you supervised:
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List any other employment not shown above on separate sheet.

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, dictating equipment, front-end loader, etc.):


If applicable: Typing speed \_\_\_\_\_ wpm      Shorthand Speed \_\_\_\_\_ wpm

Do you possess a valid driver's license:     Yes    License # \_\_\_\_\_ State \_\_\_\_\_  
 No

Do you possess a commercial driver's license:     Yes    License # \_\_\_\_\_ State \_\_\_\_\_  
 No

What level classified license do you currently hold:    A    B    C    D    M    (Circle)

Check appropriate endorsement(s) received:

- |  |  |
|--|--|
| <input type="checkbox"/> "T" Double/Triple Trailers        | <input type="checkbox"/> "N" Tank Vehicles |
| <input type="checkbox"/> "H" Hazardous Materials           | <input type="checkbox"/> "P" Passengers    |
| <input type="checkbox"/> "X" Hazardous Materials & Tankers | <input type="checkbox"/> "S" School Buses  |

Have you passed the CDL special knowledge and skill tests regarding air brakes?:     Yes     No

**REMARKS/SKILLS**

Please describe your skills not mentioned above, volunteer work, life experiences, extracurricular activities, and any other experiences which would be helpful in considering your qualifications. Please specify length of time spent on these. (Feel free to attach a resume.):


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

**REFERENCES**

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

## ADDITIONAL COMMENTS