

Application for Employment

Town of Grand Chute 1900 W Grand Chute Boulevard

The Town of Grand Chute is an equal opportunity employer Grand Chute, WI 54913

PERSONAL INFORMA	TION									
NAME										
TV WILL	Last	First		Midd	Middle					
ADDRESS										
ADDICESS	Street		City	Star	te	ZIP				
Home Phone:		Are you $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		egally eligible to	[Yes				
Cell Phone:		older? N	work in the	e United States?		No				
Work Phone:	Work Phone: May we contact you at your work phone number? Yes No									
E-mail address:										
EMPLOYMENT DESIRED										
Position		Date	you	Salary						
Applying for:		can	start	Desired						
Full Time		Part Time		Seasonal						
Are you employed now? If so, may we inquire of your present employer?										
Have you previously been employed by Grand Chute?										
The Town of Grand Chute prohibits employment of an individual if he/she would be directly supervising or receiving supervision from a family member. List any relative employed by the Town of Grand Chute:										
A conviction may be relevant only if substantially related to the job, but will not necessarily disqualify an applicant from employment.										
Have you ever been convi crime other than minor traf		If yes, provide da	te/s and type/s of co	nviction/s:						
violations?	∏ No									
EDUCATION										
	N 0 11	f O-hl	No. of Vocas	Did One deserted	Cubinata Ot	. di - d				
Education	Name & Location	on of School	No. of Years	Did you Graduate?	Subjects Stu	ialea				
High School										
Technical College										
Additional Education										
Additional Education										
Military Experience	From	To Acti	ve Duty or Reserv	/e	Primary Du	ty/Skill				
			•							
FORMER EMPLOYERS	(List below last	four employers, sta	rting with last one t	first).						
Date Month/Year	Name & Addre	ss of Employer		Position/Duties		leaving & phone ve may contact				
From										
То										
From										
То										
From										
То										
From										
То										
	•	<u> </u>								

REFERENCES: Give the names	of three pe	ersons not related to you, whom you	have known at least one year						
Name	Postal Addr	ess & email address if available	Business or Association & Phone Number	Years Acquainted					
SKILLS: If the job your are applying for requires driving a vehicle, please provide the following information:									
Do you have a Valid Wisconsin Drivers license?	No License Number:								
Do you have a Valid Commercial Drivers license?	☐ Yes ☐ No	Type/Class:							
Please list any additional skills or abilities applicable to the position for which you are applying: (include clerical, computer, mechanical, etc.)									
		ound investigation; including criminal, edu	ucational, and financial? Yes N	lo					
List any community groups or busi	ness associa	tions you are involved in:							
PHYSICAL RECORD:									
Can you perform the essential functions of the position applied for, with or without reasonable accommodation?									
Indicate or suggest accommodations we could provide to enable you to perform the essential functions of the job.									
READ CAREFULLY BEFORE S	SIGNING (7	This form will not be accepted withou	ıt an actual signature & date)						
I understand that misrepresentation, omissions or falsification of facts on this application will result in the rejection of this application or, if later hired, may be cause for dismissal of employment. I further understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment under proper notice, and may be terminated by the employer at any given time and for any reason. I authorize investigation of all statements & employment information contained in this application, and I hold blameless all who gives or receive such information.									
Signature			Date	_					
DO NOT WRITE BELOW THIS LINE									
Interviewed by:			Date:						
Salary/Wage:	Position Ap	pplied for:							
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