



Application for Employment

Town of Grand Chute
 1900 Grand Chute Boulevard
 Grand Chute, WI 54913

PERSONAL INFORMATION

NAME			
Last	First	Middle	
ADDRESS			
Street	City	State	ZIP
Home Phone:	Are you <input type="checkbox"/> Yes 18 or older? <input type="checkbox"/> No	Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone:			
Work Phone:	May we contact you at your work phone number?		<input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail address:			

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Applying for:		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
Are you employed now? If so, may we inquire of your present employer?		
Have you previously been employed by Grand Chute? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>The Town of Grand Chute prohibits employment of an individual if he/she would be directly supervising or receiving supervision from a family member.</i>		
List any relative employed by the Town of grand Chute:		

***A conviction may be relevant if substantially related to the job,
but will not necessarily disqualify an applicant from possible employment.***

Have you ever been convicted of a crime other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide date/s and type/s of conviction/s:
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EDUCATION

Education	Name & Location of School	No. of Years	Did you Graduate?	Subjects Studied
Grade School				
High School				
Technical/College				
Additional Education				

Military Experience	From	To	Active Duty or Reserve	Primary Duty/Skill

FORMER EMPLOYERS (List below last four employers, starting with last one first).

Date	Month/Year	Name & Address of Employer	Position/Duties	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year

Name	Address	Business or Association	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? Yes 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, medical, etc.)

List any community groups or business associations you are involved in:

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No

If yes, what can be done to accommodate your limitation?

READ CAREFULLY BEFORE SIGNING (This form will not be accepted without an actual signature & date)

I understand that misrepresentation or omission of facts on this application may be cause for dismissal. 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 Applied for: _____