

## TOWN OF LAFAYETTE APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

How long at present address \_\_\_\_\_

Telephone (H) (\_\_\_\_) (C) (\_\_\_\_)

If under 18, please list age \_\_\_\_\_

Position applied for: \_\_\_\_\_

Salary desired: \_\_\_\_\_ (Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

Date Available for Employment? \_\_\_\_\_

Days/hours available to work: No Preference \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

Do you have a driver's license? ☐ Yes ☐ No

Driver's License number \_\_\_\_\_ State of Issue \_\_\_\_\_ ☐ Operator ☐ Commercial(CDL) ☐ Chauffeur

Have you had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Can you meet the "residency within 30 minute response time" listed in the job advertisement? \_\_\_\_\_

**Please list two references other than relatives or previous job**

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**Work Experience**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

May we contact your present employer? ☐ Yes ☐ No

Name of employer Address  City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Your Last Job Title			
Reason for leaving (be specific)			
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I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of any of the above information could lead to termination if I am hired for employment by the Town of Lafayette.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Completed Application to: Laura Konwinski, 5167 197<sup>th</sup> St., Chippewa Falls, WI 54729