

TOWN OF ARCADIA

APPLICATION FOR EMPLOYMENT

TOWN OF ARCADIA
N26051 STATE ROAD 95
ARCADIA, WI 54612
OFFICE: (608) 323-3470
FAX: (608) 323-3470
townofarcadia@outlook.com

① indicates required information

① Position applying for: _____

PERSONAL DATA

① FIRST NAME	M.I.	① LAST
FORMER/MAIDEN NAME		
① ADDRESS (Street number and name)		
① CITY	① STATE	① ZIP
		① PHONE
① EMAIL		

- Have you ever filed an application with us before? ① ☐ Yes ☐ No If yes, when? _____
- When are you available to begin employment? ① _____
- Do you speak any languages other than English? If so, what language and level of fluency? ① _____

GENERAL INFORMATION

- Are you legally eligible to work in the United States? ① ☐ Yes ☐ No
- Are you a former employee of Town of Arcadia? ① ☐ Yes ☐ No

If yes, please indicate: Department _____ Date Separated _____

- Have you ever been convicted of any unlawful offense, other than a minor traffic violations? ① ☐ Yes ☐ No

If yes, please explain: _____

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

- Do you have a valid driver's license? ① ☐ Yes ☐ No
- Do you have a valid commercial driver's license (CDL)? ① ☐ Yes ☐ No

List Endorsements: _____

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.
If more room is needed please provide a resume in addition to the application.

● May we contact your present employer? ☐ Yes ☐ No

A	● Employer: (Present or most recent)		● Address:		● Phone No:	
	● Job Title:		● Name of Supervisor:		● # supervised by you:	
	● Date employed: (mo/yr)		● Starting Salary		● Ending Salary	
					● Reason for leaving:	
	● Date separated: (mo/yr)		● Job duties: (Be specific)			
	<input type="checkbox"/> Full-time # Years #Months					
	<input type="checkbox"/> Part-time # Years #Months					
If part-time, number of hours per week						

B	Employer:		Address:		Phone No:	
	Job Title:		Name of Supervisor:		# supervised by you:	
	Date employed: (mo/yr)		Starting Salary		Ending Salary	
					Reason for leaving:	
	Date separated: (mo/yr)		Job duties: (Be specific)			
	<input type="checkbox"/> Full-time # Years #Months					
	<input type="checkbox"/> Part-time # Years #Months					
If part-time, number of hours per week						

C	Employer:		Address:		Phone No:	
	Job Title:		Name of Supervisor:		# supervised by you:	
	Date employed: (mo/yr)		Starting Salary		Ending Salary	
					Reason for leaving:	
	Date separated: (mo/yr)		Job duties: (Be specific)			
	<input type="checkbox"/> Full-time # Years #Months					
	<input type="checkbox"/> Part-time # Years #Months					
If part-time, number of hours per week						

D	Employer:		Address:		Phone No:	
	Job Title:		Name of Supervisor:		# supervised by you:	
	Date employed: (mo/yr)		Starting Salary		Ending Salary	
					Reason for leaving:	
	Date separated: (mo/yr)		Job duties: (Be specific)			
	<input type="checkbox"/> Full-time # Years #Months					
	<input type="checkbox"/> Part-time # Years #Months					
If part-time, number of hours per week						

PREPARATION & PERFORMANCE

	HIGH SCHOOL	VOCATIONAL / TECHNICAL SCHOOL	COLLEGE / UNIVERSITY	GRADUATE / PROFESSIONAL
EDUCATION	School Name			
	School Name continued (if needed)			
	Location (city, state)			
	Enter the number of years completed for each level of education			
	List credit hours received (S)-Semester (Q)-Quarter			
	Diploma/Degree received			
Course of study				
TRAINING	List fields of work for which you have been registered, licensed, or certified. (Including driving, Reg. and CDL)			
	License: _____ State: _____ No: _____ Exp Date: _____			
	License: _____ State: _____ No: _____ Exp Date: _____			
	_____ _____			
SKILL	List internships, specific courses, workshops, training and /or rotations you may have had that relate to the position you are applying for. Include credit hours of CEU's if applicable.			
	_____ _____			
	Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our County. Include any professional licenses or skill.			
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Typing <input type="checkbox"/> Email <input type="checkbox"/> Transcription <input type="checkbox"/> Insurance/Billing <input type="checkbox"/> Computer Programming (specific language and equipment): _____ <input type="checkbox"/> Other _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Copy machine <input type="checkbox"/> Data entry <input type="checkbox"/> 10-key adding machine </div> <div style="width: 33%;"> <input type="checkbox"/> Multi-line Switchboard <input type="checkbox"/> Financial/Banking <input type="checkbox"/> Fax <input type="checkbox"/> Electrician <input type="checkbox"/> HVAC </div> </div>			
REFERENCES	List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-worker, teacher, etc. DO NOT repeat the names of supervisors previously listed.			
	<div style="display: flex; justify-content: space-between;"> ① Name Address (city and state) Phone </div>			

CERTIFICATION OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. I understand that any incomplete, misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, my employment with Town of Arcadia may be terminated. I understand that employment with Town of Arcadia is at-will and I agree that Town of Arcadia shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

In addition, I give the following Authorization to Release Information. I also authorize pertinent former employers, companies, schools, agencies, municipalities or persons to give to Town of Arcadia any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment with the Town, including a check of my fingerprints, police record and background for purposes of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand that my name and other pertinent information may be released to the general public and to the news media if this information is requested according to the requirements stated in Wisconsin's Open Records Law. Skill and drug testing may be required depending upon the position for which you are applying. In addition, a copy of this authorization is as valid as the original and should be recognized as such. I further understand that I may be asked to undergo a physical examination, which may include substance abuse screening (drug testing), prior to employment with Town of Arcadia. Refusal to participate in such examination will result in the rejection of my application. Finally, I have read and understand the description of the job I am applying for and I certify that I am able to perform all the required functions of the job.

● Sign Name Here

● Date

Submit by Email

APPLICANT DATA SURVEY (OPTIONAL)

Trempealeau County is committed to non-discrimination in employment. To assist in this effort, we ask your voluntary cooperation in responding to the questions below. The data collected will be used for statistical and affirmative action purposes only. Responses will not be used in evaluating your application.

Name _____

Date of Birth _____

Position applying for: _____

How did you find out about this recruitment? (check only one)

☐ Newspaper ad

☐ JobNet web page

☐ County web page

☐ Other (please specify) _____

☐ Friend/Relative

☐ I do ☐ I do not wish to provide the following information

1. Are you

☐ Male

☐ Female

2. Ethnicity:

Are you Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race)?

☐ Yes

☐ No

3. Race: (not Hispanic or Latino)

☐ *African American/Black:* A person having origins in any of the black racial groups of Africa.

☐ *American Indian/Alaska Native:* A person having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

☐ *Asian:* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Philippine Islands, and Vietnam.

☐ *Native Hawaiian or Other Pacific Islander:* A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ *White/Caucasian:* A person having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.

☐ *Two or more races:* A person who identifies with more than one of the five races listed above.

If you select this option, please indicate a primary race: _____

4. Do you have a disability as defined by the Americans with Disabilities Act (ADA)?

All disability status information will be treated as confidential.

☐ Yes

☐ No

5. Have you ever been on active duty in the U.S. Armed Forces?

☐ Yes

☐ No

6. If you have been on active duty in the U.S. Armed Forces, which, if any, apply?

☐ Vietnam Era veteran

☐ Other protected veteran

☐ Special disabled veteran

☐ Recently separated veteran