TOWN OF MEDINA EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION AND RETURN TO:

TOWN OF MEDINA

Town of Medina Clerk 634 State Road 19, P.O. Box 37 MARSHALL, WI. 53559-0037 Phone: (608) 219-3556 Email: clerk@townofmedina.org

Application forms can be mailed, emailed or hand delivered to the Town Clerk. If the application is emailed a signature will be required in person before consideration for employment.

Application for position of:							
Last Name:		First Name	Middle Name				
Present Street Address (nur				ome Phone Number			
)		
Mailing Address if Different t	number, street, city, State, 2	Zip) Bus			iness Phone Number		
					()	
Email Address:							
Are you a U.S. Citizen, or do you have an entry permit which allows you to work?			Are you at least 18 years age?			Social Security No.	
			[] Yes	; [] No		
Have you ever been employed by the Town of Medina? [] Yes [] No When							
Have you ever been terminated for cause by the Town of Medina? [] Yes [] No							
Have you ever been terminated, discharged or resigned to avoid being discharged? [] Yes [] No							
Please indicate only those types of employment you would accept? If the job requires weekends and nights, would you be willing to [] Permanent (Full-Time) [] Limited Term Full-Time until If the job requires weekends and nights, would you be willing to accept it? [] Permanent (Part-Time) [] Limited Term Part-Time until If the job requires weekends and nights, would you be willing to accept it?						ould you be willing to	
What date would be available to start work? What days are you NOT work?			vailable for	Wha wor		s are you NOT available for	
Do you have a valid driver's license?			State	Expirat	tion date	Do you a valid CDL?	
[] yes [] no						[] yes [] no	

Since your 18th birthday, have you EVER been convicted of any violations of law (or, as a juvenile, been waived into adult court and convicted) or are you now subject to a <u>pending</u> charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or conviction by a military court-martial. In accordance with State law and Town Ordinances, pending criminal charges or any convictions will not be used or considered unless they are substantially related to circumstances of the particular job.

[] Yes [] No Explain: (if necessary attach a separate sheet of paper with further detail.)

NOTE: The Town of Medina routinely verifies conviction, driving and other information listed on this application. If you do not respond correctly or if you commit errors of omission of fact, either intentionally or unintentionally, you will not be eligible for Town of Medina employment Failure to admit convictions <u>will</u> result in disqualification. If you are a Town Employee, you will not be eligible to apply for promotion, competitive demotion or transfer for a period of twelve (12) months from the date of the disqualifying application. Additionally, Town employees may be subject to disciplinary action up to and including termination. If you are unsure of how to respond to this or any other question, *IT IS YOUR RESPONSIBILITY* to check with the Clerk for information/clarification

PROFESSIONAL REFERENCES (Optional for non-professional positions)

Name		Address				Phone No.			
Name		Address				Phone No.			
Name		Address				Phone No.			
EDUCATION AND TRAINING									
Grammar & High School Circle highest year completed	3			Yea Grae	ear aduated		Do you have a GED or High School Equivalency Diploma?		
123456789101112							[]Yes[]No []n/a		
TRAINING BEYOND HIGH SCHOOL (College or University, Business College or other Schools you have attended)Circle the Number of Year College or UniversityUndergraduate credits earned, indicate "Q" for Quarter hours and "S" for Semester hours12345678						ersity			
Name & Location of Institution	Dates Attended From - To		Credits	Major				GPA/Base	Degree conferred & year

WORK EXPERIENCE Provide a complete description of your job duties. This information will be used to determine if you meet the minimum job qualifications. Be specific. Start with your most recent job. List ALL of your employment history. (Additional employment data may be attached on a separate sheet.) For part-time work, show the average number of hours per month, indicate any changes in job title under the same employer as a separate position. VOLUNTEER WORK EXPERIENCE TO BE CONSIDERED MUST INCLUDE NAMES OF INDIVIDUALS TO VERIFY TYPE OF WORK, HOURS WORKED, ETC.

Employer	Kind of Business		Location (City, State, Zip code)			
Your Title	Reason for Leaving		Name, Address & Phone No of Supervisor:			
Your duties:		TOTAL LENGTH OF TIME EMPLOYED				
		FULL-TIME: Hrs p/wk	# of Yrs. <u>M</u> os.			
		PART-TIME: Hrs p/wk	# of Yrs. <u>M</u> os.			
		FROM: (Month & Yr)	<u>TO:</u> (Month & Yr)			
		MONTHLY SALARY: Be	eginning \$ Ending \$			
Employer	Kind of Business		Location (City, State, Zip Code)			
Your Title	Reason for Lea	aving	Name, Address & Phone No. Of Supervisor:			
Your duties:	·	TOTAL LEN	NGTH OF TIME EMPLOYED			
		FULL-TIME: Hrs p/wk	# of Yrs. <u>M</u> os.			
		PART-TIME: Hrs p/wk	# of Yrs. <u>M</u> os.			
		FROM: (Month & Yr)	<u>TO:</u> (Month & Yr)			
		MONTHLY SALARY: Be	eginning \$ Ending \$			

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Kind of Business		Location (City, State, Zip code)				
Reason for Leaving		Name, Address & Phone No of Supervisor:				
Your duties:		TOTAL LENGTH OF TIME EMPLOYED				
	FULL-TIME: Hrs p/wk	# of Yrs. <u>M</u> os.				
	PART-TIME: Hrs p/wk	# of Yrs. <u>M</u> os.				
	FROM: (Month & Yr)	<u>TO:</u> (Month & Yr)				
	MONTHLY SALARY: Be	eginning \$ Ending \$				
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	TOTAL LEN	NGTH OF TIME EMPLOYED				
	FULL-TIME: Hrs p/wk	# of Yrs. <u>M</u> os.				
	PART-TIME: Hrs p/wk	# of Yrs. <u>M</u> os.				
	FROM: (Month & Yr)	<u>TO:</u> (Month & Yr)				
	MONTHLY SALARY: Be	eginning \$ Ending \$				
	Reason for Lea	Reason for Leaving TOTAL LEN FULL-TIME: Hrs p/wk PART-TIME: Hrs p/wk PART: (Month & Yr) MONTHLY SALARY: Be Kind of Business Reason for Leaving TOTAL LEN FULL-TIME: Hrs p/wk PART-TIME: Hrs p/wk PART-TIME: Hrs p/wk PART-TIME: Hrs p/wk FULL-TIME: Hrs p/wk PART-TIME: Hrs p/wk PART-TIME: Hrs p/wk FROM: (Month & Yr)				

Describe any education, training or work experience not covered above, (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)

TOWN OF MEDINA

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Town of Medina, or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

- 1. Municipal, State or Federal law enforcement agencies
- 2. Selective Service System
- 3. Any banking institution
- 4. Any place of business (for purposes of obtaining credit or employment data)
- 5. Credit rating bureaus or institutions
- 6. Any previous employer
- 7. Present employer
- 8. Any school, college, university or other educational institution
- 9. Any law enforcement or jail officer.

Exceptions to this blanket authorization.

- 1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
- 2. ______ 3.
- This release is executed to authorize the Town of Medina, as a prospective employer, to obtain the

above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date Signature (full name)

 Address - Street and Number

 City
 State

State

Zip

Please Print:

First name M.I. Last name

Date of Birth

Driver's license #

APPLICANT PLEA	SE READ CAREFULLY AND SIGN BELOW				
	rt of this application may be grounds for not employing you or for on provided and statements made are subject to verification.				
	CERTIFICATION				
	ENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART ED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, NOWLEDGE.				
I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.					
Applicant's Signature:	Date Signed:				
Under the provisions of section 19.36, Wisconsin	Statutes, I request that my identity as an applicant for the position of _ not be revealed without my consent or until required under law.				
Applicant's Signature:	Date Signed:				