



Town of Polk  
3680 State Hwy 60  
Slinger WI 53086  
262.677.2123  
[www.townofpolk-wi.gov](http://www.townofpolk-wi.gov)

## EMPLOYMENT APPLICATION

### Please read this before filling out this application

The Town of Polk does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, gender or age. No question in this application is intended to secure information to be used for such discrimination.

All questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. Please print and use ink.

### PERSONAL

Date \_\_\_\_\_

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

Address \_\_\_\_\_  
Number Street City/Town State Zip Code

Mailing Address \_\_\_\_\_  
(If different) PO Box or Street Address City/Town State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position(s) desired \_\_\_\_\_

Salary desired \_\_\_\_\_ Date Available \_\_\_\_\_

### GENERAL INFORMATION

How were you referred to us? \_\_\_\_\_

Have you filed an application with The Town of Polk before? \_\_\_\_\_

If yes, give date: \_\_\_\_\_

Have you ever been employed by The Town of Polk before? \_\_\_\_\_

If yes, give date and department : \_\_\_\_\_

Are you employed now?: \_\_\_\_\_

May we contact your present employer?

☐ Immediately? \_\_\_\_\_

☐ After acceptance of employment? \_\_\_\_\_

☐ No. If no, please give reason \_\_\_\_\_

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Describe other training, certifications, licenses (CDL), etc. or experience applicable to the job you are seeking

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applying for a clerical position, please answer the following questions

Can you type? (WPM) \_\_\_\_\_ Do you take dictation? (WPM) \_\_\_\_\_

Can you use a computer? \_\_\_\_\_ Are you proficient at Microsoft Office? \_\_\_\_\_

EMPLOYMENT
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**Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, gender or national origin.**

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#1

Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Hourly rate/salary - Starting \_\_\_\_\_ Final \_\_\_\_\_

Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

#2

Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Hourly rate/salary - Starting \_\_\_\_\_ Final \_\_\_\_\_

Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

#3

Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Hourly rate/salary - Starting \_\_\_\_\_ Final \_\_\_\_\_

Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

## REFERENCES

Please list below the name of three professional or work-related references.

Name and Title	Company	Telephone	Years Acquainted
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## AGREEMENT

Please read before signing:

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

## CERTIFICATION

I certify that all statements made in this statement are true, complete and correct to the best of my knowledge and belief, and made in good faith.

I authorize persons, schools, current employer and previous employers and organizations named in this application (and accompanying resume, if any) to provide The Town of Polk with any relevant information which may be required to arrive at any employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release The Town of Polk against any liability that might result from requesting such information.

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