



TOWN OF WESCOTT

Town Office, N5794 Old Keshena Rd, PO Box 536, Shawano, WI 54166-0536
(715) 526-9853 • Fax: (715) 526-9806 • www.townofwescott.com

TOWN OF WESCOTT IS HIRING

ZONING ADMINISTRATOR

This is a part-time position, hours vary seasonally with the majority in spring and summer.

The ideal candidate will be a self-starter, have the ability to multi-task and have excellent communication skills. Along with the ability to work with a team and work independently.

Pay will be based on experience. High school diploma or equivalent required. Experience preferred but not required.

RECYCLING CENTER SPECIALIST

The Town of Wescott is hiring part-time Recycling Center Specialists to oversee the Wescott Recycling Center during hours of operations. Currently hours of operation are Saturdays from 8a to 4p.

Applications for both positions can be found at the Town Office: N5794 Old Keshena Rd, or can be printed off at www.townofwescott.com

Please direct completed applications to:

Town of Wescott
Attn: Angela Vreeke
N5794 Old Keshena Rd
PO BOX 536
Shawano, WI 54166

The deadline for accepting applications is October 16

Application for Employment

TOWN OF WESCOTT

N5794 Old Keshena Rd

PO Box 536

Shawano, WI 54166-0536

PLEASE PRINT

Position(s) Applied For _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () Social Security Number _____

If necessary, best time to call you at home is _____

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ () : _____ am
per

If you are under 18, can you furnish a work permit? _____ Yes No

Have you filed an application here before? _____ Yes No

If yes, give date _____ / _____ / _____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From _____ / _____ / _____ To _____ / _____ / _____

Are you legally eligible for employment in this country? _____ Yes No

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work _____ / _____ / _____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? _____ Yes No

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

Have you ever been bonded? _____ Yes No

Have you been convicted of a felony in the last seven (7) years? _____ Yes No

(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: _____

Driver's license number (if job related) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

| | | | | |
|---|------------------|--------------------|-----|--|
| Employer | Telephone () | Dates Employed | | Summarize the nature of the work performed and job responsibilities. |
| | | From | To | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Reason for Leaving | | Hourly Rate/Salary | | |
| | | Final | | |
| | | \$ | Per | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | | | |
| Employer | Telephone () | Dates Employed | | Summarize the nature of the work performed and job responsibilities. |
| | | From | To | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Reason for Leaving | | Hourly Rate/Salary | | |
| | | Final | | |
| | | \$ | Per | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | | | |
| Employer | Telephone () | Dates Employed | | Summarize the nature of the work performed and job responsibilities. |
| | | From | To | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Reason for Leaving | | Hourly Rate/Salary | | |
| | | Final | | |
| | | \$ | Per | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | | | |
| Employer | Telephone () | Dates Employed | | Summarize the nature of the work performed and job responsibilities. |
| | | From | To | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Reason for Leaving | | Hourly Rate/Salary | | |
| | | Final | | |
| | | \$ | Per | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | | | |

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background (if job related)

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and Minor field of study (if applicable).

| A. School | B. # Years Completed | C. Degree Diploma | D. GPA Class Rank | E. Major | E. Minor |
|-----------|----------------------|-------------------|-------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

List any foreign language(s) you know and check the boxes that describe your skill level.

| Language | Speak Some | Speak Fluently | Read | Write |
|----------|------------|----------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | () | |
| | () | |
| | () | |

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant _____ Date ____ / ____ / ____