

Village of Wales

EMPLOYMENT APPLICATION

INSTRUCTIONS

- 1. Complete this entire application; do not leave any blanks
- 2. Should more space be needed to complete any questions, use and attach additional paper.
- 3. It is important that you PRINT clearly; incomplete or illegible applications will not be processed
- 4. While you may attach a resume, you are required to complete this application in order to be considered an applicant for employment.

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the applicant process or if discovered after employment, termination of employment. All qualified applicants will receive consideration regardless of race, color, creed, religion, sex, sexual preference, national origin, marital status, age or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

Annlicent Information				
Applicant Information				
Name: Last		First		MI
Address:Street		City	State	Zip
Home Telephone:		Work Telephone: _		
Availability	For what positi	ion are you applying?		
	What is your e	earliest start date?		
Employment category?	□ Full time	□ Part time □	Seasonal / Temporary	
Education	Please circle h	nighest grade completed: 7 8 9 1	0 11 12 13 14 15	16 16+
Education		nighest grade completed: 7 8 9 10 hool records are under a name differe		
Education Name	If your high scl	,		ndicate her
<u>Name</u>	If your high scl	hool records are under a name differe	nt than above, please ir	ndicate her
<u>Name</u> High School:	If your high scl	hool records are under a name differe	nt than above, please ir	ndicate her
<u>Name</u> High School: College: Other:	If your high scl	hool records are under a name differe City/State	nt than above, please in	ndicate her
<u>Name</u> High School: College: Other:	If your high scl	hool records are under a name differe	nt than above, please in	ndicate her
High School:	If your high scl	hool records are under a name differe	nt than above, please in	ndicate her

Previous Employment

List from most recent

Name of Employer:		Phone	Number	
Position Title:		Super	/isor	
Employed from:	to:	Salary:	per	
Duties & responsibilitie	s:			
Reason for leaving:				
Name of Employer:		Phone	Number	
Position Title:		Super	/isor	
Employed from:	to:	Salary:	per	
Duties & responsibilitie	s:			
Reason for leaving:				
Name of Employer:		Phone	Number	
	to:		per	
Duties & responsibilitie	s:			
Reason for leaving:				
Drivers License				
Should the job require	do you have a valid drivers license	? Yes	No	
License #:	Class:	Endorsements:	State of Issue:	
	ons for the previous five (5) years:			
Can you perform the re	equirements of this position with or	without reasonable accom	modation? Yes	No
References	List only those familiar	with your work ability. [OO NOT list relatives.	
Name	Address/Telephone Number		ears Known/Relationship	
1				
2				

Have you been convicted of, and/or served time for a felony in the past seven (7) years?YesN	0
(In accordance with Village policy this information will be reviewed only as it substantially relates to the circumstance the particular job and time since last conviction.)	s of
Certification and Release	
I certify that I have read and understand the applicant note on this form and that all the answers given by me to the application questions and the statements made are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may resurejection of my application or termination at any time during my employment. I authorize the Village of Wales and/or agents including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persections, companies and law enforcement authorities to release any information concerning my background and here release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoe for issuing this information. I also understand that the use of illegal drugs prior to and during my employment is prohibited. If Village policy requires, I am willing to submit to drug testing to detect the use or abuse of drugs during remployment.	its sons, eby ever
I understand and agree that this application is not a contract for employment, and that any individual hired by the Villa of Wales may leave their employment or may be terminated by the Village of Wales at any time for any reason. I understand that, other than a written statement signed by a member of the Human Resources Committee of the Villa Wales, any oral or written statements to the contrary are not valid, are expressly disavowed and should not be relied by any prospective or existing employee.	ige of
Applicant Signature Date	

Use this space and/or the back of this page to provide additional information.

Security

THIS PAGE CONTAINS SENSITIVE INFORMATION, KEEP IN SECURE FILES

RELEASE AUTHORIZATION APPLICANT COMPLETE THE FOLLOWING

	Today's Date	
	Signature	
	Diagonal sink was to full account.	
l	Please print your full name	
cies and other e	ation is required by law enfo intities for positive identificat ds. It is confidential and will	tion purpo
Please pi	rint other last names you have	used
	Home Address	-
City	State	Zip
	Date of Birth	
	Drivers' License Number	
Name	as it appears on drivers' licens	se

General Information

NOTICE: Applicants except those certified for final employment may request in writing that their identity as an applicant NOT be publicly revealed [Wis. Stat. 19.36 (7)

- 1. In connection with my application for employment, I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment. I understand that as directed by Village policy and consistent with the job described you may be requesting information from public and private sources about my workers' compensation injuries, driving record, criminal record, education, credit and previous employment.
- 2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and be given the name of the agency or the source of the information.
- 3. I acknowledge that a FAX or photocopy shall be as valid as the original. This release is valid for most federal, state and county agencies.
- 4. I hereby authorize without reservation to any law enforcement agency, institution, information service bureau, and employer or insurance company contracted by the Village of Wales to furnish the information described in Section 1.