

Town of Somerset Employment Application Form

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Please mail completed application to:
Town of Somerset, PO Box 248, Somerset, WI 54025
or fax application to:
715-247-5086

OFFICE USE ONLY:
Date received:
Reviewed by:

Resumes and Cover Letters are encouraged and may be attached to application. Be sure to answer all questions.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE COMPLETE PAGES 1-5.	DATE _____
Name _____	
Last	First
Middle	Maiden
Present address _____	
Number	Street
City	State
Zip	
How long _____	Telephone () _____
Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO	
Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.	
Position applied for (1) _____	Days/hours available to work
and wage desired (2) _____	No Pref _____ Thur _____
(Be specific)	Mon _____ Fri _____
	Tue _____ Sat _____
	Wed _____ Sun _____
How many hours can you work weekly? _____	
Employment desired	<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME
When are you available to start work? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No DO YOU HAVE A CDL LICENSE? Yes No

What is your means of transportation to work? _____

OFFICE
POSITIONS ONLY

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	_____ WPM	10-key	Processing	<input type="checkbox"/> No	_____ WPM
			<input type="checkbox"/> No			
Personal	<input type="checkbox"/> Yes	PC	<input type="checkbox"/>	Other	_____	
Computer	<input type="checkbox"/> No	Mac	<input type="checkbox"/>	Skills	_____	

Please list two references other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Tell us about yourself: Please use this space to elaborate on any background, experience, or qualifications which you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. What interests you in this position and why are you qualified for it? Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Town of Somerset, I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Town from any liability as a result of such contact.

By signing below, I agree to the statement listed above.

Signature of applicant _____ **Date:** _____

The Town of Somerset is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Town of Somerset depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.