



Village of
Ashwaubenon
 2155 Holmgren Way • Ashwaubenon, WI 54304
www.ashwaubenon.com

Application for Employment
 An Equal Opportunity Employer

Position(s) applying for: _____

First date available for work: _____ Last date available for work (seasonal): _____

APPLICANT INFORMATION

Name

Last:	First:	M.I.:
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Address

Street:	Apt. / Unit:
City:	State: ZIP:

Email:	Phone:	Social Security #:
Are you at least 18 years of age? Yes No	Do you have a valid Driver's License? Yes No State:	Driver's License #: Do you have a CDL? Yes No
Have you ever been employed by the Village of Ashwaubenon? Yes No If yes, Please list position(s) / department(s) / date(s):		
Have you ever been convicted of a felony, misdemeanor or municipal ordinance violation? Yes No If yes, Please explain:		

EDUCATION

High School

Name:	City / State:	Highest Grade Completed:	High School Graduate or GED? Yes No
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College/University/Trade School/Other

Name:	City / State:	From-To (MM/YY - MM/YY): -	Graduate? Yes No	Major/Degree:
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College/University/Trade School/Other

Name:	City / State:	From-To (MM/YY - MM/YY): -	Graduate? Yes No	Major/Degree:
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College/University/Trade School/Other

Name:	City / State:	From-To (MM/YY - MM/YY): -	Graduate? Yes No	Major/Degree:
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Describe any education, certifications or training you have had which is not covered above – give dates:

EMPLOYMENT HISTORY *Please list, in chronological order, your employment history starting with your most recent job. You may include military assignments, volunteer activities, internships, etc.*

Employer:		Address:	
Phone:	Supervisor:	Supervisor Contact Phone:	Dates Employed (MM/YY - MM/YY): -
Starting Position Held:	Starting Hourly Rate/Salary:	Final Position Held:	Final Hourly Rate/Salary:
Reason for leaving:			Were you involuntarily discharged? Yes No
List Duties and Responsibilities:			

Employer:		Address:	
Phone:	Supervisor:	Supervisor Contact Phone:	Dates Employed (MM/YY - MM/YY): -
Starting Position Held:	Starting Hourly Rate/Salary:	Final Position Held:	Final Hourly Rate/Salary:
Reason for leaving:			Were you involuntarily discharged? Yes No
List Duties and Responsibilities:			

Employer:		Address:	
Phone:	Supervisor:	Supervisor Contact Phone:	Dates Employed (MM/YY - MM/YY): -
Starting Position Held:	Starting Hourly Rate/Salary:	Final Position Held:	Final Hourly Rate/Salary:
Reason for leaving:			Were you involuntarily discharged? Yes No
List Duties and Responsibilities:			

REFERENCES *Give the names of three persons not related to you, whom you have known at least one year*

Name:	Address:	Occupation:	Yrs Known:	Phone:
Name:	Address:	Occupation:	Yrs Known:	Phone:
Name:	Address:	Occupation:	Yrs Known:	Phone:

APPLICANT STATEMENT

I certify that all statements on my application materials are true to the best of my knowledge. I understand that misrepresentation of material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

By my signature below, I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

_____ Signature _____ Date