



TOWN OF Delafield  
 Waukesha County  
 N14 W30782 Golf Road  
 Delafield, WI 53018-2117

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Initial	
Address	City	State	Zip
Telephone Number(s)		Social Security Number	

If you are under the age of 18, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  
*Conviction will not necessarily disqualify an applicant from employment.*  Yes  No

If Yes, please explain \_\_\_\_\_

THE TOWN OF DELAFIELD IS AN EQUAL OPPORTUNITY EMPLOYER



# Education

School Name & Location	High School				Undergraduate College / University				Graduate / Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Describe course of study												
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.												
Describe any honors you have received.												
State any additional information that you feel may be helpful to us in considering your application												

Indicate any foreign languages you can read, write, and/or speak.

	Fluent	Good	Fair
Speak			
Read			
Write			

### List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap, or other protected status.


## References

Please provide names, addresses, and telephone numbers of three references who are not related to you and are not previous employers.

	Name	Address	Phone Number
1.			
2.			
3.			

Have you ever had an job-related training in the United States military?

Yes  No

If Yes, please describe \_\_\_\_\_



# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which would indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

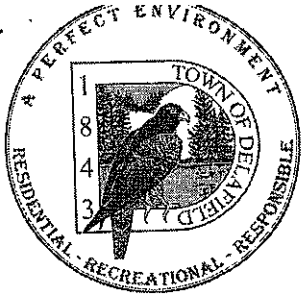
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# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this point should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## For Office Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Em-  Yes  No Date Employed \_\_\_\_\_

Hourly rate/salary \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Hired by: \_\_\_\_\_  
Name Title Date

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_