

Waukesha County



Clerk & Treasurer, 662-2039
Fax, 662-3510
Dept. of Public Works, 662-7785
662-7786
Building Inspection, 366-2400

Vernon Town Hall • W249 S8910 Center Drive, PO Box 309 • Big Bend, WI 53103

TOWN OF VERNON DEPARTMENT OF PUBLIC WORKS EMPLOYMENT APPLICATION

[An Equal Opportunity Employer]

*****THIS APPLICATION WILL BE CONSIDERED CURRENT FOR 30 DAYS FROM ITS DATE.
AFTER THAT PERIOD, A NEW APPLICATION MUST BE SUBMITTED
IF YOU STILL DESIRE EMPLOYMENT WITH US.*****

INSTRUCTIONS: Please type or print **clearly** in **black** ink. Complete the following application as thoroughly as possible. Answer in detail, using additional paper if necessary. If a question is not applicable to you, answer **NONE**.

PERSONAL INFORMATION		
Position applying for:		When will you be able to begin work?
Full-Time:	Part-Time:	Seasonal:
Name:		Social Security Number:
Address:		
City	State:	Zip:
Home Phone:		Work Phone:
Have you ever been employed with the Town of Vernon?		
If yes, when?		In what capacity?
Do you possess a valid drivers license?		Do you possess a valid CDL?
Endorsements:		
Driver's License #:		
Authorization Signature to check driving record:		

Town of Vernon Employment Application

EDUCATION INFORMATION	
Are you a high school graduate?	If yes, what year did you graduate?
Name of school:	Location of school:
If no, have you passed a high school equivalency or GED test?	
Name testing location:	Location of test:

Technical School or University	Years Completed	Course of Study	Degree

List any additional training or special skills, which are relevant to the position for which you are applying for.

- _____
- _____
- _____
- _____

EMPLOYMENT HISTORY (List the most recent first)		
Company/Employer Name:		
Address:		
City:	State:	Zip:
Phone Number:	Position Title:	
Name and Title of Supervisor:		
Starting Date:	Ending Date:	
Starting Salary:	Ending Salary:	
Primary Duties:		
Reason for Leaving:		
May we contact your current employer?	Yes:	No:

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EMPLOYMENT HISTORY		
Company/Employer Name:		
Address:		
City:	State:	Zip:
Phone Number:	Position Title:	
Name and Title of Supervisor:		
Starting Date:	Ending Date:	
Starting Salary:	Ending Salary:	
Primary Duties:		
Reason for Leaving:		

EMPLOYMENT HISTORY		
Company/Employer Name:		
Address:		
City:	State:	Zip:
Phone Number:	Position Title:	
Name and Title of Supervisor:		
Starting Date:	Ending Date:	
Starting Salary:	Ending Salary:	
Primary Duties:		
Reason for Leaving:		

REFERENCES		
List three people whom are familiar with your work. If possible, give local references. Also, do not list people who are listed above as supervisors, minors or relatives.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Position Title:	
What is your relationship to this person?		
How long have you known this person?		

Town of Vernon Employment Application

REFERENCES

Name:		
Address:		
City:	State:	Zip:
Phone Number:		Position Title:
What is your relationship to this person?		
How long have you known this person?		

REFERENCES

Name:		
Address:		
City:	State:	Zip:
Phone Number:		Position Title:
What is your relationship to this person?		
How long have you known this person?		

PLEASE READ BEFORE SIGNING

I hereby give permission to the Town of Vernon and its employees to seek to verify the information stated on this application. I understand the Town of Vernon may contact others for verification and amplification of this information. I release the Town of Vernon and its employees and agents and all persons contacted from all liability or claims that may arise from such process, or from providing any information requested. I request and authorize former employers to release information they may possess regarding my employment with the Town of Vernon. I certify the statements made in this application are true to the best of my information and belief. I understand any misrepresentation may result in non-employment, or discharge. If employed, I agree to abide by all the work and safety rules of the Town of Vernon. I understand that Vernon is committed to maintaining a drug-free work place. I am aware that the Town of Vernon may require a drug test as a part of the hiring process. Also, if employed, I realize that the Town of Vernon conducts annual random drug testing of its employees and I agree to participate in such testing.

I read, understand and agree to the above statement.

NAME: _____

SIGNATURE: _____

DATE: _____