

APPLICATION FOR EMPLOYMENT

VILLAGE OF KEWASKUM

204 FIRST STREET | PO BOX 38 | KEWASKUM, WI 53040

PHONE: 262-626-8484 | FAX 262-626-4909



The Village of Kewaskum is an equal opportunity employer committed to offering employment without regard to race, color, sex, age, disability, political or religious affiliation, marital status, sexual orientation, arrest record, nation origin, or ancestry. All qualified applicants are welcome to submit application for employment.

PERSONAL INFORMATION

APPLICANT NAME (FIRST, MI, LAST NAME)		
ADDRESS (Street Address, City, State ZIP)		
EMAIL ADDRESS	HOME PHONE	CELL PHONE
PREVIOUS NAME(S)/ALIASES		

EDUCATION

HIGHEST LEVEL OF EDUCATION COMPLETED		
<input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other _____		
NAME OF HIGH SCHOOL	CITY, STATE	
NAME OF COLLEGE(S)	MAJOR	DEGREE
NAME OF GRADUATE SCHOOL	MAJOR	DEGREE

SKILLS

List all office machines, heavy equipment or any other equipment related to the job you are applying for that you are skilled in operating (such as personal computer, software, dictating equipment, front-end loader, etc.):

List any special professional certifications or licenses that you possess:

EMPLOYMENT

CURRENT EMPLOYER	TELEPHONE
ADDRESS	EMPLOYED FROM/TO:
NAME OF SUPERVISOR	CAN WE CONTACT THEM? <input type="checkbox"/> Yes <input type="checkbox"/> No
JOB TITLE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
HOURLY RATE/ANNUAL	
DUTIES	
REASON FOR LEAVING	

PREVIOUS EMPLOYER		TELEPHONE
ADDRESS		EMPLOYED FROM/TO:
NAME OF SUPERVISOR		CAN WE CONTACT THEM? <input type="checkbox"/> Yes <input type="checkbox"/> No
JOB TITLE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	HOURLY RATE/ANNUAL
DUTIES		
REASON FOR LEAVING		

PREVIOUS EMPLOYER		TELEPHONE
ADDRESS		EMPLOYED FROM/TO:
NAME OF SUPERVISOR		CAN WE CONTACT THEM? <input type="checkbox"/> Yes <input type="checkbox"/> No
JOB TITLE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	HOURLY RATE/ANNUAL
DUTIES		
REASON FOR LEAVING		

REFERENCES		
Please list references (not relatives) to contact who have knowledge of your qualifications.		
NAME	TITLE/OCCUPATION	PHONE NUMBER
NAME	TITLE/OCCUPATION	PHONE NUMBER
NAME	TITLE/OCCUPATION	PHONE NUMBER

SIGNATURES	
<p>I certify that the information contained on this application is true and correct, and authorize an inquiry to be made into that information. Former employers named herein are authorized to give information regarding me and are hereby released from all liability for providing such information. I understand that falsification of this application in any detail is grounds for disqualification from further consideration or dismissal from employment. This employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of the village. I also understand that an offer of employment will be based upon the information gathered in these references and background checks, and that I may be required to successfully complete a medical exam and drug screen for initial and continued employment. I understand that if I am employed, I will be an employee-at-will and my employment can be terminated at will by me or by the Village of Kewaskum with or without cause. Your typed name will be treated as your signature.</p>	
SIGNATURE	DATE