

# EMPLOYMENT APPLICATION

Town of Osceola, Fond Du Lac County, Wisconsin

W1475 Hwy F  
Campbellsport, WI 53010

Please print in ink or type. Answer every question clearly and completely. Where a question does not apply, answer N/A.

JOB(S) APPLIED FOR \_\_\_\_\_

(Give exact title(s) \_\_\_\_\_

1. Name \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_  
Street City State Zip Code

3. Telephone Number (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Cell

Email address \_\_\_\_\_

4. Are you legally eligible to work in the U.S.?  Yes  No

5. The Town of Osceola supports the Americans with Disabilities Act. Will you require any reasonable accommodation in order to complete the interview process?  Yes  No If yes, list only the accommodation needed: \_\_\_\_\_

6. Have you ever worked for the Town of Osceola?  Yes  No If yes, when? \_\_\_\_\_

7. Do you have a valid driver's license?  Yes  No If yes, State \_\_\_\_\_ Number \_\_\_\_\_

Valid Commercial driver's license?  Yes  No If yes, State \_\_\_\_\_ Number \_\_\_\_\_

Driving records must be provided prior to hire for those positions that require driving a town vehicle and are therefore included on the town's insurance policy. Acceptable records must be within the standards set by the insurance company and the Town.

8. When would you be available for employment? \_\_\_\_\_

9. What is the salary range you seek? \_\_\_\_\_

10. How did you learn about the job for which you are applying? \_\_\_\_\_

11. Background checks are routinely performed prior to hire on all employees. Have you ever been convicted of any offense against the law? Omit juvenile offenses and minor traffic violations.  Yes  No

If yes, please explain (A conviction does not automatically mean that you cannot be employed. The charge and the date are important. Employment decisions are made based on the results of background check screening.):  
\_\_\_\_\_

## EXPERIENCE HISTORY

12. Start with your present job and work back. Include military service and volunteer experience. Additional experience can be listed on a personal resume. Be sure to include all requested information, especially as it relates to the job for which you are applying.

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Avg.Hrs./Week \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving \_\_\_\_\_

Describe your work \_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Avg.Hrs./Week \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving \_\_\_\_\_

Describe your work \_\_\_\_\_

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Avg.Hrs./Week \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving \_\_\_\_\_

Describe your work \_\_\_\_\_

## EDUCATION AND TRAINING

13. Indicate the highest educational level completed:    Less than high school \_\_\_\_\_ High school/GED \_\_\_\_\_  
    Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Ph.D. \_\_\_\_\_

Name and location of the last school attended \_\_\_\_\_

	School Name and Location	Degree	Major Area of Study
High school			
College or University			
Other Education			

SPECIAL QUALIFICATIONS AND SKILLS (typing, computer proficiency, foreign languages, professional licenses and certificates, publications, scholastic honors, etc.)

14. References may be furnished in the space provided below if desired by applicant.

Name	Name	Name
Email Address	Email Address	Email Address
Telephone	Telephone	Telephone
Relationship	Relationship	Relationship

**ATTENTION: THIS STATEMENT MUST BE SIGNED.**

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or dismissing me after I have begun work. I understand that all information contained in this application may be subject to verification.

For certain job categories, I may be required to pass additional pre-employment screenings, such as but not limited to a lie detector test (police), to establish ability to perform the essential functions of the job. I authorize the Town of Osceola to conduct a background check of my record. I understand that any offer of employment is conditioned upon the town's concurrence, before or after such offer is made, that the results of the background check are consistent with the town's employment standards or expectations for the job for which I am applying.

\_\_\_\_\_

Signature of Applicant
Date

## VOLUNTARY DATA RECORD

To enable the Town of Osceola to meet statistical reporting regulations, applicants are requested (but not required) to complete this Voluntary Data Record. Information will be used solely for reporting purposes. This portion of your application will be detached and, if hired, will not become a part of your employee record. It will not be used as selection criteria and will be treated as personal and confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Check one:  Male  Female

Check one of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White           |
| <input type="checkbox"/> Two of more races                |  |

Are you a Veteran?  No  Yes Vietnam Era Veteran?  No  Yes

If yes, dates of active duty: From \_\_\_\_\_ To \_\_\_\_\_

Type of discharge or release: \_\_\_\_\_

### TO ALL APPLICANTS

Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, provide for employers to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans, and veterans of the Vietnam Era respectively. If you would like to be considered under any of these Affirmative Action programs, please complete the information below.

Submission of this information is voluntary and refusal to provide it will not prevent consideration of employment.

Your information will be kept confidential and used only for the purpose of the Acts and the regulations issued under them, except (a) Supervisors and managers may be informed regarding restrictions on your work or duties and necessary accommodations; (b) safety personnel may be informed, as appropriate, if the condition might require emergency treatment; and (c) government officials investigating compliance with the Acts shall be informed.

If you are disabled and/or a veteran of the Vietnam Era, we would like to assist you in making appropriate career decisions. It would be helpful if you would complete the information below.

- I am disabled and would like assistance in appropriate employment placement.
- I am a Vietnam Era Veteran and would like assistance in appropriate employment placement.
- I am a disabled veteran and would like assistance in appropriate employment placement.

This is a list of my special skills, knowledge, or experience, which may qualify me for positions that I might not otherwise be able to do because of my disability. This will permit my being considered for any position of that kind:

\_\_\_\_\_  
\_\_\_\_\_

The following accommodations, if made, would enable me to perform the job for which I am applying successfully and safely:

\_\_\_\_\_  
\_\_\_\_\_