

Education:

| School | Name and Location of School | Course of Study | No. of Years Completed | Did you graduate? | Degree or Diploma |
|--------------|-----------------------------|-----------------|------------------------|-------------------------------------------------------------|-------------------|
| High | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Describe any special skills and training which qualify you for the job for which you are applying.

Employment History: Please give accurate, complete full-time and part-time employment record for the past 10 years. Attach a separate sheet if you have had more than 5 employers. Start with present or most recent employer.

| | | |
|-----------|----------------------|-----------------------------------------------------------|
| 1. | Company Name | Telephone |
| | Address, City, State | Employed (Month and Year) From To |
| | Name of Supervisor | Last Pay rate |
| | Job Title | Reason for Leaving |

| | | |
|-----------|----------------------|-----------------------------------------------------------|
| 2. | Company Name | Telephone |
| | Address, City, State | Employed (Month and Year) From To |
| | Name of Supervisor | Last Pay rate |
| | Job Title | Reason for Leaving |

| | | |
|-----------|----------------------|-----------------------------------------------------------|
| 3. | Company Name | Telephone |
| | Address, City, State | Employed (Month and Year) From To |
| | Name of Supervisor | Last Pay rate |
| | Job Title | Reason for Leaving |

| | | |
|-----------|----------------------|-----------------------------------------------------------|
| 4. | Company Name | Telephone |
| | Address, City, State | Employed (Month and Year) From To |
| | Name of Supervisor | Last Pay rate |
| | Job Title | Reason for Leaving |

| | | |
|-----------|----------------------|--------------------------------------------------|
| 5. | Company Name | Telephone |
| | Address, City, State | Employed (Month and Year) From _____ To _____ |
| | Name of Supervisor | Last Pay rate |
| | Job Title | Reason for Leaving |

| | |
|----------------------------------------------------------------------------------------------------|------------------------------------|
| We may contact the employers listed above unless you indicate those you do not want us to contact. | Do Not Contact (Employer #/Reason) |
|----------------------------------------------------------------------------------------------------|------------------------------------|

References: Give below the names of three persons not related to you, whom you have known at least one year and whom we may contact for references on your job qualifications.

| Name | Address | Phone | Business | Years Acquainted |
|-----------|---------|-------|----------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Relatives:

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Are you related to any official or employee of the Town of Wascott? <input type="checkbox"/> Yes <input type="checkbox"/> No ("Related" includes parent, grandparent, child, grandchild, brother, sister, parent-in-law, grandparent-in-law, brother-in-law, sister-in-law, uncle, aunt, niece, nephew or spouse.)</p> <p>If Yes, give name the person to whom you are related:</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

Please complete and mail or fax a copy of this form to:

Town of Wascott
 Attn: Town Chairperson
 PO Box 159
 Wascott WI 54890
 Phone (715) 466-4252
 Fax (715) 466-5382
www.townofwascott.org