

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

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

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone # \_\_\_\_\_

Are you eligible to work in the U.S? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer? .)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide company names and details \_\_\_\_\_

Can you work any shift? Yes \_\_\_\_\_ No \_\_\_\_\_

No If no, explain: \_\_\_\_\_

Can you work overtime, including weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

If presently employed, why are you considering leaving? \_\_\_\_\_

Are you available to work: DAYS \_\_\_\_\_ NIGHTS \_\_\_\_\_ WEEKENDS \_\_\_\_\_ FULL-TIME \_\_\_\_\_

If you cannot work full time, please explain: \_\_\_\_\_

Days and Hours Available: (If employed, notification must be provided in writing should availability change.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.) \_\_\_\_\_

### REFERRAL SOURCE

How did you hear about us? Walk-In \_\_\_\_\_ Advertisement \_\_\_\_\_

Have you ever worked for Richmond Township before? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_

Do you know anyone who works for Richmond Township? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, who? \_\_\_\_\_

**EDUCATION HISTORY**

EDUCATION	Name and location of school	Degree Received	Subjects Studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.  
*Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title	Address		
Immediate supervisor and title	Summarize the nature of work performed and job responsibilities		
Reason for leaving			

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Do you have a current Wisconsin CDL License? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. \_\_\_\_\_

**REFERENCES**

Please provide the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Richmond Township to hire me. If I am hired, I understand that either Richmond Township or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Richmond Township has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Richmond Township true and complete information on this application. No requested information has been concealed. I authorize Richmond Township to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_