

Town of Lawrence Employment Application Form
2400 Shady Ct , De Pere WI 54115
Phone: 920-336-9131 e-mail: townlaw@townoflawrence.org

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at above address: _____ Social Security No. _____ - _____ - _____

Telephone: Home-(____) _____ Cell-(____) _____ Work-(____) _____

If under 18, please list age _____

Position applied for: _____

and wage desired: _____
(Be specific)

Days/hours available to work	
No Preference	Thurs
Mon	Fri
Tue	Sat
Wed	Sun

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available for work? _____

Are you a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis? No Yes

If applicable, please list your visa type, visa number and expiration date:

		EDUCATION		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No Number _____

State of issue _____ Operator Commercial (CDL) Chauffeur Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

E-Mail: _____

E-Mail: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Multiple empty horizontal lines for providing additional information.

TOWN OF LAWRENCE APPLICATION FOR EMPLOYMENT

			MILITARY		
Branch of Service	Date Entered	Date Discharged	Active or Reserve	Highest Grade	Skill Specialty or Primary Duty

Work Experience Please list your work experience for the **past ten years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer Name and Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Name and Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

TOWN OF LAWRENCE APPLICATION FOR EMPLOYMENT

Work experience Continued

Employer Name and Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Name and Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Please use this area to explain any gaps in employment.

TOWN OF LAWRENCE APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Town of Lawrence I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Town of Lawrence, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and Town of Lawrence may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Town of Lawrence may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town of Lawrence permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town of Lawrence from any liability as a result of such contact.

Applicant Signature: _____ Date: _____

Under the provision so of Section 19.36 Wisconsin State Statutes, I request that my identity as an applicant for employment not be revealed without my consent or until required by law.

Applicant Signature: _____ Date: _____

Town of Lawrence is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, national origin, religion, sex, sexual orientation, marital status, citizenship, military service membership, age or disability. We assure you that your opportunity for employment with Town of Lawrence depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment with Town of Lawrence.

TOWN OF LAWRENCE

2400 Shady Court * De Pere, WI 54115 * 920-336-9131

AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

The undersigned hereby authorizes inspection, review, copying, and full disclosure of all records concerning myself to any representation of the Town of Lawrence, Wisconsin, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information and records from any source, including, but not limited to the following:

1. Any educational institution.
2. Any business, public utility, financial or credit institution to obtain financial statements, records of loans, credit reports or ratings, or other records.
3. Military records including U.S. Veteran's Administration and Selective Service System.
4. Any motor vehicle records.
5. Employment, past employment and pre-employment records including, but not limited to, applications, background reports, complaints or grievances filed by or against me, disciplinary reports or letters, performance evaluations, supervisor's comments, wage rates, and work records.
6. Records and recollections of attorneys at law, or other counsel representing me or any other person in my case, criminal or civil, in which I presently have, or have had, an interest.
7. Any public or private social service agency.
8. Friends, relatives, and neighbors.

I understand that any information obtained directly or indirectly pursuant to this release will be considered in determining my suitability for acceptance as volunteer or in connection with continued employment.

I hereby release any individual, institution, or organization, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind relating to the disclosure of this information.

This consent shall remain in effect for one year from this date or the duration of my employment, whichever is longer.

A photocopy of this Authorization shall be considered as valid as the original.

Signed this _____ day of _____, _____.

Signature

Name (printed)

Date of Birth

Social Security Number

**PLEASE PROVIDE A COPY OF YOUR
DRIVERS LICENSE WITH THIS
APPLICATION.**