

VILLAGE OF SPENCER EMPLOYMENT APPLICATION

**105 S Park Street, P.O. Box 360
Spencer, WI 54479**

NAME _____ DATE _____
 Last First MI

ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

DRIVER'S LICENSE _____ STATE ISSUED _____

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? Yes No

If Yes, please explain: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

EDUCATION AND TRAINING List training and education achievements in order, with the most recent listed first.

Name & Address of School _____ Years attended and Degree Attained _____

SKILLS Please list any skills you have that are appropriate for the position you are applying for: _____

Are you willing to work outside your regular schedule to attend meetings, etc.? Yes No

Position applying for, be specific: _____

Salary Requirements: \$ _____ Date you can start: _____

State fully why you believe you are qualified for this position: _____

MILITARY Have you ever been in the Armed Forces? Yes No

List any military related training and/or experience that you feel will be beneficial to this position: _____

EMPLOYMENT HISTORY Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? YES NO

<u>FULL NAME OF COMPANY</u>	<u>TELEPHONE #</u>	<u>SALARY BEGIN/END</u>	<u>EMPLOYED FROM/TO</u>
_____	_____	_____	_____
<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
_____	_____	_____	_____
<u>NAME & TITLE OF SUPERVISOR</u>	<u>TITLE OF YOUR POSITION</u>	<u>REASON FOR LEAVING</u>	
_____	_____	_____	

LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY

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_____	_____	_____	_____
<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
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<u>NAME & TITLE OF SUPERVISOR</u>	<u>TITLE OF YOUR POSITION</u>	<u>REASON FOR LEAVING</u>	
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READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

SIGNATURE _____ **DATE** _____