VILLAGE OF SPENCER EMPLOYMENT APPLICATION

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

NAME				_		
Last DATE	Firs	t	MI			
ADDRESS						
PHONE #						
CITYEMAIL		_ZIP				
DRIVER'S LICENSE STATE ISSUED						
I certify that I am a U.S. citiz United States. [] Yes []		it, or a foreign	national wit	h authorizat	ion to work in t	he
Have you ever been convicted felony? [] Yes [] No If Yes, please explain:	ed of, or entered a plea	•				
If selected for employment,			ployment dr	ug screening	g test? [] Yes	[] No
EDUCATION AND TRAIL listed first.	NING List training a	nd education ac	chievements	in order, w	ith the most rec	ent
Name & Address of School			Ye	ears attended	l and Degree At	ttained
SKILLS Please list any skil	lls you have that are ap	propriate for the	ne position y	ou are appl	ying for:	

Are you willing to work outside your r	egular schedule to atte	nd meetings, etc.? [] \	Yes [] No	
Position applying for, be specific:				
Salary Requirements: \$				
Date you can start:				
State fully why you believe you are qu	alified for this position	:		
MILITARY Have you ever been in the	ne Armed Forces? []	Yes [] No		
List any military related training and/o	r experience that you f	eel will be beneficial to	this position:	
EMPLOYMENT HISTORY Starting consecutive order ALL EMPLOYMENT contact your employer? [] YES []	NT for at least the past			
FULL NAME OF COMPANY	ANY TELEPHONE #		SALARY BEGIN/END	EMPLOYED FROM/TO
STREET ADDRESS	CITY	STATE ZIP	REASON FOR	R LEAVING
NAME & TITLE OF SUPERVISOR	T	ITLE OF YOUR POSITION		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS	USED, & PROMOTIONS WH	ILE EMPLOYED AT THIS COM	IPANY_	

FULL NAME OF COMPANY		TELEPHONE #		SALARY BEGIN/END	EMPLOYED FROM/TO
STREET ADDRESS	CITY	STATE	ZIP	REASON FOR	R LEAVING
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POS	SITION		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS I	USED, & PROMOTIONS WE	IILE EMPLOYED AT	THIS COM	IPANY_	
FULL NAME OF COMPANY	7	TELEPHONE #		SALARY BEGIN/END	EMPLOYED FROM/TO
COMPANY ADDRESS	CVENY	CITA INC.	ZID.	DE LOON FOR	
STREET ADDRESS	CITY	STATE	ZIP	REASON FOI	R LEAVING
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POS	SITION		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS U	USED, & PROMOTIONS WE	IILE EMPLOYED AT	THIS COM	I IPANY_	
				_ SALARY	EMPLOYED
FULL NAME OF COMPANY	ז	TELEPHONE #		BEGIN/END	FROM/TO
STREET ADDRESS	CITY	STATE	ZIP	REASON FOR	R LEAVING
NAME & TITLE OF SUPERVISOR	1	TITLE OF YOUR POS	SITION		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS U	JSED, & PROMOTIONS WE	IILE EMPLOYED AT	THIS COM	IPANY_	

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
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