

VILLAGE OF TREMPEALEAU, WI

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMAT	TION			_			
				<u> </u>	DATE:		
NAME:							
LAST	FIRST	MIDDLE	E	MAIL ADDRESS			
PRESENT ADDRESS:							
	STREET	C	ITY	STATE	ZIP		
PHONE NUMBER:	ARE	E YOU 18 YEARS (OR OLDER? YES	□ NO □			
	A LAWFULLY BECOMING EMPLOY OF VISA OR IMMIGRATION STAT		ES1	10 🗌			
EMPLOYMENT DESIRE	D						
POSITION:			ATE YOU AN START	SALARY DESIRED			
rosition.		SO, MAY WE INC					
ARE YOU EMPLOYED NOW?			YOUR PRESENT EMPLOYER?				
EVER APPLIED TO THE VIL	LLAGE BEFORE?	WHERE?	\	VHEN?			
REFERRED BY:							
EDUCATION	NAME AND LOCATION C	F SCHOOL	*NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED		
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL							
GENERAL SUBJECTS OF SPECIAL ST	UDY OR RESEARCH WORK						
SPECIAL SKILLS							
ACTIVITIES: (CIVIC, ATHLE EXCLUDE ORGANIZATIONS, THI	ETIC, ETC) E NAME OF WHICH INDICATES THE RA	ACE, CREED, SEX, AG	GE, MARITAL STATUS	, COLOR OR NATION C	DF ORIGIN OF ITS MEMBERS		
U.S. MILITARY OR NAVAL SERVICE	RANK		PRESENT MEMBERSHIP IN NATIONAL GUARD RESERVES				

FORMER EMPLOYERS	(LIST BELOW THE LAST THREE EMPLO	YERS, STARTING WITH	THE LAST ONE F	IRST)				
DATE	NAME AND ADDRESS OF EMPLOY	ER SALARY	POSITION	REASON FOR LEAVING				
MONTH AND YEAR								
FROM:								
TO:								
FROM: TO:								
FROM:								
TO:								
FROM:								
TO:								
	MOST ABOUT THIS JOB?							
REFERENCES: GIVE THE	NAMES OF THREE PERSONS NOT REL	_ATED TO YOU, WHOM`	YOU HAVE KNOV	VN AT LEA	AST ONE YEAR.			
NAME	ADDRESS	PHONE	BUSINE	BUSINESS				
1								
2								
3								
IN CASE OF EMERGENCY NOTIFY: NAME ADDRESS PHONE NUMBER								
THIS APPLICATION EXPIRES AF	TER SIX MONTHS FROM DATE OF APPLICATION	I						
INFORMATION, OMISSIONS, O MAY BE TERMINATED AT ANY T IN CONSIDERATION OF MY EMI COMPENSATION CAN BE TERM	PLOYMENT, I AGREE TO CONFORM TO THE VILI IINATED, WITH OR WITHOUT CAUSE, AND WITH EE THAT THE TERMS AND CONDITIONS OF MY E	Y APPLICATION MAY BE REJE .AGE'S RULES AND REGULATI I OR WITHOUT NOTICE. AT AN	CTED AND, IF I AM EI ONS, AND I AGREE T NY TIME, AT EITHER I	MPLOYED, M HAT MY EMI MY OR THE V	Y EMPLOYMENT PLOYMENT AND //ILLAGE'S OPTION, I			
DATE	SIGNATURE							

APPLICATION MAY BE SUBMITTED BY EMAIL: <u>ADMINISTRATOR@TREMPEALEAUWI.COM</u> OR MAIL TO:

ATTN: VILLAGE ADMINISTRATOR, VILLAGE OF TREMPLEALEAU PO BOX 247, TREMPEALEAU WI 54661