



EMPLOYMENT APPLICATION

Town of Ledgeview
 3700 Dickinson Road
 De Pere, WI 54115
 Ledgeview@ledgeview.wi.gov

We believe that a clear understanding of your interests, training, experience and other pertinent information is important to the hiring process, and will be mutually beneficial to you and the Town of Ledgeview. To be assured of full consideration for positions that would meet your qualifications, please answer all questions completely. We are an Equal Opportunity Employer, and we will consider your application without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, family medical history or genetic information, or any other legally protected status under applicable local, state, or federal law. To the extent this application requests information that does not comply with applicable local or state requirements, such information will not be used in making a hiring decision. **Applicants will be required to take a pre-employment drug test.**

Important: When completing with computer, for responses that require you to place an "X" in a checkbox, please "click" in the appropriate box.

PERSONAL HISTORY		
Name:	Date:	
(Last Name, First Name, Middle Initial, separated by a comma)		
Street Address/Apt #:		
City, State, Zip:		
Home Phone:	Cell Phone:	Email:
Best way to reach you:		
How did you learn about this job opportunity?		
Have you ever worked for Town of Ledgeview before? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, why did you leave?		
If yes, under what name, if different:		Approx. Dates:
Location:		
Position:		Supervisor:
Position applying for: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		Wages Expected:
Job(s) applying for:		
Are you on a lay-off and/or subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>		
When would you be available to work?		
What hours/days are you able to work?		
Weekend Work? YES <input type="checkbox"/> NO <input type="checkbox"/>		Would you be available to work evenings? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you available for overtime? YES <input type="checkbox"/> NO <input type="checkbox"/>		Will you relocate if job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you referred by an employee? If yes, list name: YES <input type="checkbox"/> _____ NO <input type="checkbox"/>		
Are you legally authorized to work in the U. S. without sponsorship? YES <input type="checkbox"/> NO <input type="checkbox"/>		
(Town of Ledgeview will attempt to reasonably accommodate an applicant's religious needs, as required by law)		
Do you have reliable transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>		Drivers License #:
Do you have a Commercial Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>		Type:
If you are under age 18, please provide date of birth:		Can you provide a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>
In case of emergency, notify (name):		
Relationship:		Phone:

Have you ever been charged with, plead (“no contest”) to, been convicted of, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or the fine for that offense? YES NO

If yes, please provide details:

If you are in doubt about the nature of any offense, please list. No applicant will be denied consideration because of a pending charge, past conviction, offense, violation, or fine, which is not substantially related to the circumstance of the job sought. However, failure to disclose information requested above will be considered falsification and grounds for refusal to hire or termination of employment.

SKILLS AND QUALIFICATIONS

EDUCATION

Highest grade completed (1-12):

Technical School/College (*years attended*):

High School Diploma: YES NO

Major/Course of Study:

GED/HSED: YES NO

Degree Received: YES NO

Last Post-secondary School Attended:

Location:

Date(s):

Additional education and/or vocational or technical information:

Describe your computer skills and abilities:

WORK HISTORY

Please provide full and accurate details regarding all full-time and part-time work history. Do not omit any employer. Attach additional pages if necessary. You must complete this section even if you provide a resume.

Company Name:		Telephone:
Address:		
Name of Supervisor:		
Employed from (Month and Year) to (Month and Year):		
Weekly Pay (Start): \$	Weekly Pay (Last): \$	
Job Title and type of work:	Reason for Leaving:	

Are you eligible for re-hire: YES NO

Company Name:		Telephone:
Address:		
Name of Supervisor:		
Employed from (Month and Year) to (Month and Year):		
Weekly Pay (Start): \$	Weekly Pay (Last): \$	
Job Title and type of work:	Reason for Leaving:	

Are you eligible for re-hire: YES NO

Company Name:		Telephone:
Address:		
Name of Supervisor:		
Employed from (Month and Year) to (Month and Year):		
Weekly Pay (Start): \$	Weekly Pay (Last): \$	
Job Title and type of work:	Reason for Leaving:	

Are you eligible for re-hire: YES NO

We will contact the employers listed for a reference unless you indicate those you specifically do not want us to contact.

Do not contact:	Do not contact:
Reason:	Reason:

List three (3) Employment or Personal References – DO NOT LIST RELATIVES

1. Name:	
Phone:	Address or Email:
Company:	
Position:	
2. Name:	
Phone:	Address or Email:
Company:	
Position:	
3. Name:	
Phone:	Address or Email:
Company:	
Position:	

List any relatives currently employed at The Town of Ledgeview
(We comply with all prohibitions on marital status discrimination as required under applicable state law.)

Employee Name	Location	Relationship

MILITARY SERVICE *(if applicable)*

Length of Service:	Rank held in Service:
Do you have any ongoing military obligations?	
Present Status: <input type="checkbox"/> None <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
Date of Discharge:	
Indicate any special training or assignment that you want us to consider:	

Our Town's policy will comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA)

CERTIFICATION

I certify that the information that I have provided to the Town of Ledgeview as part of this application along with any resume or other material submitted by me for employment consideration is true, complete, and without omissions or misleading statements. I understand that my applicant may be rejected, or my employment may be terminated because of false, misleading, or omitted information, regardless of the time that may have elapsed between furnishing the information and the discovery by the Town of Ledgeview.

I authorize the Town of Ledgeview to inquire into my education, professional and past employment history with references as needed to determine my qualifications and suitability for employment. I hereby give my consent to any former employer or educational institution to provide academic or employment related information about me to the Town of Ledgeview This includes any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing this information.

I understand that I will be required to pass a pre-employment drug test and that my Social Security number must be validated. I further acknowledge that certain positions with the Town of Ledgeview may also require a confirmation that I am licensed to drive a motor vehicle, and that the Town of Ledgeview may check my credit, civil and criminal records, and may verify my address. I consent freely and voluntarily to participate in the required drug test, and I consent to the release of the results to the Town of Ledgeview I hereby release and hold harmless the Town of Ledgeview from any liability whatsoever arising from the drug test and/or background checks and decisions concerning employment based upon the results of these tests and checks. I also understand that, if the Town of Ledgeview uses a third party to conduct any background check(s) about me, then the Town of Ledgeview and/or that third party will provide additional disclosures and authorizations to me before conducting such background check(s).

I understand that nothing in this employment application, the granting of an interview, or possible subsequent employment offer is intended to create an employment contract between the Town of Ledgeview and me. If hired, I will be an "Employee at Will" which means the Town of Ledgeview may release me at any time for any reason with or without cause, and I am likewise free to leave at any time for any reason. I understand that no representative of the Town of Ledgeview other than the Chairman or Administrator has any authority to enter into any agreement for employment that contradicts or modifies the foregoing in any manner, and any such agreement must be in writing and signed by the Chairman or Town Administrator.

If hired, I agree to conform to rules, regulations, and policies that the Town of Ledgeview may periodically issue, withdraw, or modify. If hired, I understand that I will be required to keep my hair color within the range of "natural" colors (no blue, green, or other non-natural hair colors are allowed) and that facial piercings are not appropriate. I also understand that in order to comply with Town of Ledgeview policy any visible tattoos may need to be covered appropriately during the workday, if hired. I agree to follow the Town of Ledgeview grooming guidelines and to be dressed appropriately per the standards of the Town of Ledgeview at all times in the workplace, if I am hired. A photocopy, digital, and/or electronic copy of this signed authorization is as effective and binding as the original.

Signed: _____
(First Name, Middle Initial, Last Name)

Date: _____



**IF APPLYING FOR A FIREFIGHTER
POSITION, PLEASE COMPLETE THE
FOLLOWING SECTION**

Town of Ledgeview
3700 Dickinson Road
De Pere, WI 54115

Have you ever previously applied with the Ledgeview Fire Dept? Yes No

Please indicate any training/certification that you have obtained:

Paramedic Cert FF 1 Cert FF 2 EMT Basic 1st Responder Other

Describe any specialized training, apprenticeship, skills & extra-curricular activities:

Describe any honors you may have received: _____

State any additional information you feel may be helpful to us in considering your application:

MOTOR VEHICLE LICENSES - List all drivers license held in the past 5 years

STATE	LICENSE NUMBER	EXPIRATION	COMMERCIAL DRIVERS LICENSE?

Availability (Please indicate specific times):

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending? Yes No

Have you ever been convicted for driving under the influence of alcohol, a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending? Yes No

Have you ever been convicted of a felony or for possession, sale or transfer of a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending? Yes No

If you answered YES to any of the above, please explain:

TRAFFIC CONVICTIONS (If none, write none) List all traffic convictions and forfeitures for the past 5 years (in any motor vehicle, other than parking violations, add another page if necessary)

DATE	LOCATION (STATE)	VIOLATION (If speeding, show rate of speed)	PENALTY/AMOUNT OF FINE