

Employment Application



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, martial or veteran status, or the presence of a non-job-related medical condition or handicap. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: ☐ Online (if so, which website) _____ ☐ Newspaper
☐ Employment Agency ☐ Friend ☐ Relative
☐ Walk-In ☐ Other _____

Name _____
FIRST MIDDLE INITIAL LAST

Address _____
NUMBER STREET CITY STATE ZIP

Email Address _____ Phone Number (____) _____

Have you filed an application here before? ☐ YES ☐ NO If yes, give date _____

Have you ever been employed here before? ☐ YES ☐ NO If yes, give date _____

Are you employed now? ☐ YES ☐ NO If yes, may we contact current employer? ☐ YES ☐ NO

VILLAGE OF KRONENWETTER - EMPLOYMENT APPLICATION

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ YES

☐ NO (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS MAY BE REQUIRED UPON EMPLOYMENT)

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Seasonal

Are you on a lay-off and subject to recall? ☐ YES ☐ NO

Do you possess a valid Wisconsin driver's license? ☐ YES ☐ NO

Do you possess a valid WI CDL? ☐ YES ☐ NO

Driver's License #(s): _____
NUMBER STATE EXPIRATION DATE

EDUCATION:

SCHOOL	NAME & LOCATION	YEARS / DEGREE COMPLETED
High School		
College		
Technical/Trade School		

Summarize special skills and qualifications acquired from employment or other experience:

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EMPLOYMENT EXPERIENCE: Please list your last 4 employers starting with the last first.

Fire Department applicants: Please list past employers from the last 10 years beginning with your most recent employment. If necessary, list other employers on separate sheet of paper.

Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				
Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				
Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
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Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				

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REFERENCES: Please list below 3 people not related to you, whom you have known for at least 1 year.

Name	Professional Relationship
Address	Phone Number(s)
City, State, Zip	Email Address
Name	Professional Relationship
Address	Phone Number(s)
City, State, Zip	Email Address
Name	Professional Relationship
Address	Phone Number(s)
City, State, Zip	Email Address

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when it is discovered by the Village of Kronenwetter.

I understand that any employment is conditioned on a background check. I also understand that this background check will include reviewing all publically posted social media accounts. I authorize the Village of Kronenwetter to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Village of Kronenwetter, without giving me prior notice of such disclosure. In addition, I release the Village of Kronenwetter, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Village Kronenwetter. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Village of Kronenwetter unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Village of Kronenwetter as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Village of Kronenwetter the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Village of Kronenwetter’s Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Village of Kronenwetter to hire. If hired, I agree to abide by all Village of Kronenwetter work rules, policies and procedures. The Village of Kronenwetter retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature of Applicant

Date