

APPLICATION FOR EMPLOYMENT

Manager's Office
VILLAGE OF SHOREWOOD
3930 North Murray Avenue
Shorewood WI 53211

INSTRUCTIONS TO APPLICANT – Please:

1. Use a typewriter or PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on the reverse side.

EXACT TITLE OF POSITION APPLIED FOR:

APPLICANT INFORMATION:

Print Name	_____			List any other names by which you have been known on official records: _____	
	LAST	FIRST	MIDDLE		
Address:	_____				
	NUMBER AND STREET	CITY AND STATE	ZIP CODE	DAY PHONE	EVENING PHONE
Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If under 18, how old are you ____ (YEARS) ____ (MONTHS)		
Social Security Number:	_____				
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are Village of Shorewood employees:					
List any licenses, registrations, and/or certificates you possess, such as Driver's, Nursing, Professional Engineer, that are related to the job you are applying for:					
	TYPE	NUMBER (if any)	TYPE	NUMBER (if any)	
Give the titles and dates of all Village examinations you have taken within the last six months:					
If you are PRESENTLY <input type="checkbox"/> or were PREVIOUSLY <input type="checkbox"/> employed by the Village of Shorewood, list the following:					
	POSITION TITLE	DEPARTMENT	FROM (Mo./Yr.)	TO (Mon./Yr.)	
If you have ever been convicted of an offense other than minor traffic violations, list details below. Use separate sheet if necessary:					
	CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job applied for. Convictions not reported may be cause for discharge. Your conviction record will be forwarded to the Police Department.					

In accordance with the Immigration Reform and Control Act of 1986, the Village will employ only persons legally authorized to work in the United States. Employment, if offered, is conditioned upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

Please check the box at the right if you want this application for employment to be exempt from Wisconsin's public records law and public access denied to your identity as an applicant. (Note: Sec. 19.36(7), Wis. Stats., provides that government units MUST provide public access to any record that reveals the identity of an applicant who is selected as a "final candidate" for any local public office.)

**THE VILLAGE OF SHOREWOOD IS AN EEO/AFFIRMATIVE ACTION EMPLOYER.
WOMEN, MINORITIES AND PERSONS WITH DISABILITIES ARE ENCOURAGED TO APPLY.**

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Did you graduate from high school? Yes ___ No ___	If yes, name and location of high school: _____ _____			
Have you passed a high school equivalency or G.E.D. test: YES _____ NO _____ NOT APPLICABLE _____					
Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.					
NAME & LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED From To	CREDITS EARNED	MAJOR/FIELD OF STUDY	TYPE OF DEGREE/DATE

EMPLOYMENT HISTORY

Begin with present or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. Attach additional pages if necessary.

Present or last employer	From (Mo./Yr.)	To (Mo./Yr.)	Duties
Address	Salary/Wage \$ _____ Per _____		
Your Title	Part-time _____ Hrs. per week: _____ Full-time _____		
Supervisor's Name, Title, Phone No.			Reasons for Leaving
Employer	From (Mo./Yr.)	To (Mo./Yr.)	Duties
Address	Salary/Wage \$ _____ Per _____		
Your Title	Part-time _____ Hrs. per week _____ Full-time _____		
Supervisor's Name, Title, Phone No.			Reasons for Leaving
Employer	From (Mo./Yr.)	To (Mo./Yr.)	Duties
Address	Salary/Wage \$ _____ Per _____		
Your Title	Part-time _____ Hrs. per week _____ Full-time _____		
Supervisor's Name, Title, Phone No.			Reasons for Leaving
IF MORE SPACE IS NEEDED, FILL OUT A BLANK SHEET AS ABOVE AND ATTACH.			

READ CAREFULLY BEFORE SIGNING – I certify that all answers to the above questions are true and complete. I understand that falsification of this application may result in disqualification or removal from a Village position. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the Village. I authorize the Village to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE _____ DATE _____