

VILLAGE OF SHOREWOOD HILLS APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) applied for:		Date of application:	
How did you learn about this opening?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> School (MATC / UW)	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Name: Last	First	Middle Initial	
Address: Number Street		City	State Zip Code
Telephone Number(s): Home: _____ Work: _____ Cell Phone: _____		WI Driver's License Number: _____	
e-mail Address: _____			

Will you be 18 years old or older when your Village employment starts? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed and application with us before? Yes No
If yes, give date(s) _____

Have you ever been employed with us before? Yes No
If yes, give date(s) _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes No

Are you available to work: Full-Time? Part-Time? Shift Work? Temporary?

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

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EMPLOYMENT EXPERIENCE

Start with your most recent job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

Please continue on a separate piece of paper, if necessary

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EDUCATIONAL HISTORY

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Grade School (Middle School)				
High School				
Undergraduate College / Technical				
Graduate Professional				
Other (Specify)				

SPECIALIZED TRAINING

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

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

JOB RELATED SKILLS

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

REFERENCES

1.	(Name)	(Phone #)
	(Address)	
2.	(Name)	(Phone #)
	(Address)	
3.	(Name)	(Phone #)
	(Address)	
4.	(Name)	(Phone #)
	(Address)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized party of the Village of Shorewood Hills.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

Please return the completed form to:

Village of Shorewood Hills
810 Shorewood Boulevard
Madison, WI 53705-2115

Phone: 608-267-2680
Fax: 608-266-5929



(Revised 1-20-09)

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