**TOWN OF LAFAYETTE APPLICATION**

PLEASE PRINT ALL INFORMATION REQUESTED APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Present address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street City State Zip

How long at present address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (H) (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, please list age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Be specific)

How many hours can you work weekly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can you work nights? \_\_\_\_\_\_\_\_\_\_\_

Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME

Date Available for Employment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days/hours available to work: No Preference\_\_\_\_\_\_\_\_\_\_

Mon \_\_\_\_\_\_\_\_\_\_Tues \_\_\_\_\_\_\_\_\_\_Wed \_\_\_\_\_\_\_Thur \_\_\_\_\_\_\_\_Fri \_\_\_\_\_\_\_\_\_\_Sat \_\_\_\_\_\_\_\_\_\_\_\_Sun\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL  | NAME OF SCHOOL  | LOCATION (Complete mailing address)  | NUMBER OF YEARS COMPLETED  | MAJOR & DEGREE  |
| High School  |  |  |  |  |
| College  |  |  |  |  |
| Bus. or Trade School  |  |  |  |  |
| Professional School  |  |  |  |  |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑No ❑Yes
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a driver’s license? ❑Yes ❑No

Driver’s License number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State of Issue \_\_\_\_\_\_\_❑Operator ❑Commercial(CDL) ❑Chauffeur

Have you had any accidents during the past three years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many? \_\_\_\_\_\_
Have you had any moving violations during the past three years? \_\_\_\_\_\_\_\_\_\_\_ How many? \_\_\_\_\_\_

Can you meet the”residency within 30 minute response time” listed in the job advertisement? \_\_\_\_\_\_\_\_\_\_\_\_

**Please list two references other than relatives or previous job**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Experience**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

May we contact your present employer? ❑Yes ❑No

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer Address City, State, Zip Code Phone number  | Name of last supervisor  | Employment dates  | Pay or salary  |
|  | From To  | Start Final  |
| Your last job title  |
| Reason for leaving (be specific)  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer Address City, State, Zip Code Phone number  | Name of last supervisor  | Employment dates  | Pay or salary  |
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|  |  |  |

|  |  |  |  |
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|  | From To  | Start Final  |
| Your Last Job Title  |
| Reason for leaving (be specific)  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  |

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of any of the above information could lead to termination if I am hired for employment by the Town of Lafayette. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return Completed Application to: Laura Konwinski, 5765 197th St., Chippewa Falls, WI 54729