**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 |
|  | From  To | Start  Final |
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|  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | | | |

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