



TOWN OF PLATTEVILLE

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Application must be completed in full, you may attach a resume, but do not write "see resume". Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application.

Job Applied for _____ Today's Date _____

How did you hear about this position? _____ What date can you start? _____

Last Name	First Name	MI	Phone number/Cell number	
Present Street Address	City	State	Zip Code	

Are you 18 years of age or older? Yes No
(if you are hired, you may be required to submit proof of age)

Are you legally permitted to work in the United States.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any Misdemeanor or Felony? Include any plea of "guilty" or "no contest." (exclude minor traffic violations) Yes No
If yes, give details _____
(a conviction will not necessarily disqualify an applicant for employment)

Do you have a valid driver's license? Yes No
Driver's License Number _____ Class of License _____ State Licensed In _____

List all traffic violations/accidents in the last 3 years? _____

Has your license ever been suspended or revoked. Yes No

If yes, please provide dates of revocation or suspension and explain why: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status). _____

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying: _____

What machines or equipment can you operate that relate to the job for which are you applying? _____

Can you speak both English and Spanish? _____ Can you write both English and Spanish? _____

LICENSES AND CERTIFICATIONS: Professional/Trade: _____ Level: _____ Expires: _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name and supply business references. **Note:** A job offer may be contingent upon acceptable references from current and former employers. Please use a blank sheet of white paper if you need more room.

Name of Employer		Job Title and Duties	
Address		Dates of Employment (MO/YR) From:	To:
City, State, Zip Code		Pay: Start \$	Final \$
Supervisor(s)	Telephone	Reason for Leaving	

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Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Give three references, not relatives or former employees, familiar with your **work** ability:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre –and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature consent to these statements.

Signature _____ Date _____

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name _____ Date _____
Last First Middle

Position applied for (*list only one*) _____

Where did you hear about this job? _____

Racial origin (you may mark one or more of the following):

- White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Sex: Male Female

Signature: _____

This waiver is valid for a period of six months (180 days) from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and its agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____