## TOWN OF RIVER FALLS PIERCE COUNTY, WISCONSIN

Application for Employment (Pre-employment Questionnaire)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap/disability or any other legally protected status.

PERSONAL INFO	<u>RMATION</u>					
Name			Social Security Number			
NameLast	First	Middle				
Present Address						
	Street		City	State	Zip	
Permanent Address_						
	Street		City	State	Zip	
Are you 18 years or	older? Yes	No	Phone Num	lber		
In case of emergency notify_						
	Name		Address	P	Phone Number	
EMPLOYMENT I	DESIRED	Doto V	Zov.			
Position		Date Y		Salary De	sired	
Are you employed n	ow?		If so may we income of your present e			
Ever applied to or worked for the Town before?			Where	e?	When?	
<b>EDUCATION</b>						
School Level	Name and of Scl		No. of Years Did Attended	You Subje Graduate	cts Studied	
Elementary School						
High School						
College						
Trade, Business or Correspondence School						

 $\underline{\textbf{FORMER EMPLOYERS:}} \ (List \ below \ last \ three \ employers, \ starting \ with \ last \ one)$ 

## Leaving Date \_\_\_\_ Starting Date \_\_\_\_ Month Year Month Year Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_ Job Title Name and Title of Supervisor \_\_\_\_\_\_ Phone No. \_\_\_\_\_ Description of Work \_\_\_\_\_ Reason for Leaving Name and Address of Employer Leaving Date \_\_\_\_\_ Starting Date \_\_\_\_\_ Year Year Month Month Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_ Job Title \_\_\_\_\_ May we contact your Supervisor? Name and Title of Supervisor \_\_\_\_\_\_ Phone No. \_\_\_\_\_ Description of Work Reason for Leaving Name and Address of Employer Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Month Month Year Year Final Wages \_\_\_\_\_ Starting Wages \_\_\_\_\_ Job Title \_\_\_\_\_ May we contact your Supervisor? Name and Title of Supervisor \_\_\_\_\_\_ Phone No. \_\_\_\_\_ Description of Work \_\_\_\_\_ Reason for Leaving

Name and Address of Present or Last Employer

SPECIAL QUESTION				
Have you been convicted of	f a felony or misdemeanor	within the last 5 years?* Yes	No Descr	ribe
	mployment solely because of job for which you have app	of a conviction record unless lied.	the circumstances o	f the offense are
The Age Discrimination i individuals who are at least	- ·	67 prohibits discrimination	on the basis of age	with respect to
********	*********	*********	*******	******
hiring or continued emplo alcohol. I agree to consen	byment. I specifically author to take such test(s) at such	te a physical and/or psychologorize, as part of the physical ch time as designated by the connection with the use of s	al examination, a test Town and to release	st for drugs and
	Yes No _			
JOB DESCRIPTION				
I have read the Town of Ri	ver Falls Employee Job Red	quirements. Yes No		
<b>REFERENCES</b> : Give be that we may contact for job	-	ersons not related to you who	om you have known	at least one year
Name	Address	Business	Acquainted	Years
Traine	7 Iddiess	Dusiness	7 requamica	

GENERAL		
Subjects of Special Study or Research Work		
Special Training		
Special Skills		
SERVICE RECORD		
U.S. Military or Naval Service	Rank	Discharge Date
Present Membership In National Guard or Reserves	Date Oblig	gation Ends
<u>AUTHORIZATION</u>		
"I certify that the facts contained in this application that, if employed, falsification, misrepresentation dismissal.	-	· · · · · · · · · · · · · · · · · · ·
I authorize investigation of all statements containformation concerning my previous employment and release all parties from all liability for any dan	and any pertinent info	ormation they may have, personal or otherwise,
I understand and agree that, if hired, my emplo payment of my wages and salary, be terminated at		
Date	Signature	