

**TOWN OF TRENTON
WASHINGTON COUNTY, STATE OF WISCONSIN
AN EQUAL OPPORTUNITY EMPLOYER**

APPLICATION FOR EMPLOYMENT

Date _____

Name _____	Social Security Number _____
Address _____	How Long at Address _____
City, ST Zip _____	Email Address _____
Home Phone _____	Mobile Phone _____

Age if under 18		Position Applying for		Salary desired	
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Employment Desired:			Employment You Will Accept:		
Full-Time Only	Part-Time Only	Full- or Part-Time	Full-Time Only	Part-Time Only	Full- or Part-Time

How many hours can you work weekly?		Can you work nights?		When are you available to start?	
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Days available to work :	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
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Hours available					
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Check which shift you will accept:	Day	Evening	Night	Rotating	Weekends	Specify Shift Hours:

Driver's License No.		State		Expiration Date	
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Driving Classifications: Operator Commercial (CDL) Chauffeur

What is your means of transportation to work? _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

EDUCATION DETAIL (ATTACH ADDITIONAL SHEETS IF NECESSARY)

	HIGH SCHOOL	COLLEGE	BUSINESS/TRADE/ PROFESSIONAL SCHOOL
NAME			
ADDRESS			
CITY, ST ZIP			
YEARS COMPLETED			
MAJOR & DEGREE			

APPLICATION FOR EMPLOYMENT—TOWN OF TRENTON

WORK EXPERIENCE—Please list your work experience for the past five years beginning with your most recent job held. Give firm name if self-employed (attach additional sheets if necessary)

Employer Name		
Address		
City, ST Zip		
Phone Number		
Supervisor		
Dates Employed		
Pay/Salary		
Last Job Title		
Jobs You Held		
Duties Performed		
Skills Used/ Learned		
Advancements/ Promotions		
Reason for Leaving (be specific)		

REFERENCES—Please list two references other than relatives or previous employers

Name		
Position		
Employer		
Address		
City, ST Zip		
Phone		

APPLICATION FOR EMPLOYMENT—TOWN OF TRENTON

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

CERTIFICATION

Each Applicant Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Town of Trenton. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Town of Trenton to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the Town Board or their designee.

Dated: _____ Applicant Signature _____

Please Print Name _____