



Clerk & Treasurer, 662-2039
 Fax, 662-3510
 Dept. of Public Works, 662-7785
 662-7786
 Building Inspection, 366-2400

Vernon Village Hall • W249 S8910 Center Drive • Big Bend, WI 53103

VILLAGE OF VERNON DEPARTMENT OF PUBLIC WORKS EMPLOYMENT APPLICATION

[An Equal Opportunity Employer]

*****THIS APPLICATION WILL BE CONSIDERED CURRENT FOR 30 DAYS FROM ITS DATE.
 AFTER THAT PERIOD, A NEW APPLICATION MUST BE SUBMITTED
 IF YOU STILL DESIRE EMPLOYMENT WITH US.*****

INSTRUCTIONS: Please type or print **clearly** in **black** ink. Complete the following application as thoroughly as possible. Answer in detail, using additional paper if necessary. If a question is not applicable to you, answer **NONE**.

PERSONAL INFORMATION		
Position applying for:		When will you be able to begin work?
Full-Time:	Part-Time:	Seasonal:
Name:		Social Security Number:
Address:		
City	State:	Zip:
Home Phone:		Work Phone:
Have you ever been employed with Village of Vernon?		
If yes, when?		In what capacity?
Do you possess a valid drivers license?		Do you possess a valid CDL?
Endorsements:		
Driver's License #:		
Authorization Signature to check driving record:		

Village of Vernon Employment Application

EDUCATION INFORMATION	
Are you a high school graduate?	If yes, what year did you graduate?
Name of school:	Location of school:
If no, have you passed a high school equivalency or GED test?	
Name testing location:	Location of test:

Technical School or University	Years Completed	Course of Study	Degree

List any additional training or special skills, which are relevant to the position for which you are applying for.

- _____
- _____
- _____
- _____

EMPLOYMENT HISTORY (List the most recent first)		
Company/Employer Name:		
Address:		
City:	State:	Zip:
Phone Number:	Position Title:	
Name and Title of Supervisor:		
Starting Date:	Ending Date:	
Starting Salary:	Ending Salary:	
Primary Duties:		
Reason for Leaving:		
May we contact your current employer?	Yes:	No:

Village of Vernon Employment Application

EMPLOYMENT HISTORY		
Company/Employer Name:		
Address:		
City:	State:	Zip:
Phone Number:	Position Title:	
Name and Title of Supervisor:		
Starting Date:	Ending Date:	
Starting Salary:	Ending Salary:	
Primary Duties:		
Reason for Leaving:		

EMPLOYMENT HISTORY		
Company/Employer Name:		
Address:		
City:	State:	Zip:
Phone Number:	Position Title:	
Name and Title of Supervisor:		
Starting Date:	Ending Date:	
Starting Salary:	Ending Salary:	
Primary Duties:		
Reason for Leaving:		

REFERENCES		
<p>List three people whom are familiar with your work. If possible, give local references. Also, do not list people who are listed above as supervisors, minors or relatives.</p>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Position Title:	
What is your relationship to this person?		
How long have you known this person?		

Village of Vernon Employment Application

REFERENCES

Name:		
Address:		
City:	State:	Zip:
Phone Number:		Position Title:
What is your relationship to this person?		
How long have you known this person?		

REFERENCES

Name:		
Address:		
City:	State:	Zip:
Phone Number:		Position Title:
What is your relationship to this person?		
How long have you known this person?		

PLEASE READ BEFORE SIGNING

I hereby give permission to the Village of Vernon and its employees to seek to verify the information stated on this application. I understand the Village of Vernon may contact others for verification and amplification of this information. I release the Village of Vernon and its employees and agents and all persons contacted from all liability or claims that may arise from such process, or from providing any information requested. I request and authorize former employers to release information they may possess regarding my employment with the Village of Vernon. I certify the statements made in this application are true to the best of my information and belief. I understand any misrepresentation may result in non-employment, or discharge. If employed, I agree to abide by all the work and safety rules of the Village of Vernon. I understand that Vernon is committed to maintaining a drug-free work place. I am aware that the Village of Vernon may require a drug test as a part of the hiring process. Also, if employed, I realize that the Village of Vernon conducts annual random drug testing of its employees and I agree to participate in such testing.

I read, understand and agree to the above statement.

NAME: _____

SIGNATURE: _____

DATE: _____