

TOWN OF WAUKESHA

EMPLOYMENT APPLICATION An Equal Opportunity Employer

Equal access to employment, programs, and services is available to all applicants. If you require reasonable accommodation to the application and/or interview process, please notify a representative of the Town of Waukesha (TOW).

It is the intent of the TOW to comply with all State and Federal requirements and to operate within the law in the implementation of all facets of Equal Employment Opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action, there will be no discrimination on the basis of race, color, religion, age, sex, national origin, ancestry, disability, sexual orientation, marital status, military service, arrest or conviction record, use or non-use of lawful products off premises, or any other areas covered under State or Federal law; to the extent prohibited by law. Do not include information of that nature in the application. It is the intention of TOW that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Last Name:		First Name:		Middle Initial:
Street Address:		City:	State:	Zip Code:
Home Phone:		Alternate phone number:		Are you legally authorized to work in the U.S.? YES () NO ()
Position applying for:		Shift Available for Work: 1 st () 2 nd () Any ()		Salary Desired:
Are you at least 18 years old? Yes ____ No ____		If position requires vehicle operation, do you have a valid driver's license? YES () NO () Number: _____		
How did you hear about TOW?			Date you are available for work:	
Have you ever been convicted of a crime or pleaded <i>no contest</i>, other than minor traffic violations? YES () NO () Do you have any pending criminal charges against you? YES () NO () If Yes to either question please explain:				
<i>Information used only if relevant to position(s) you are applying for.</i>				

Education	School Name	Address	Graduated	Years Completed
High School			YES () NO ()	
College			YES () NO ()	
Vocational			YES () NO ()	
Other			YES () NO ()	

EMPLOYMENT HISTORY (Please list most recent first)				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate:	
Reason for Leaving:				
Your Position and Duties:				

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EMPLOYMENT HISTORY CONTINUED				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate:	
Reason for Leaving:				
Your Position and Duties:				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate:	
Reason for Leaving:				
Your Position and Duties:				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate:	
Reason for Leaving:				
Your Position and Duties:				

Please read the paragraphs below. If you agree to the conditions contained in the paragraphs, sign on the signature line at the bottom of this page.

STATEMENT OF DISCLOSURE: I attest that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions will lead to immediate dismissal. I agree that TOW will not be held liable in any respect if my employment is terminated for that reason. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of employment may be conditioned on the results of a physical examination and/or drug test. I understand that this application will remain "active" for 30 days and if I want to be considered for employment beyond that time I must fill out another application.

DRUG SCREENING: I hereby agree to submit to medical testing for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription as required by TOW's drug/alcohol policy. I will hold all parties concerned harmless, meaning I will not sue or hold anyone responsible for any alleged harm to me as a result of not submitting to the testing or the reported results of the testing. This includes, but is not limited to, possible clerical or laboratory error.

REFERENCE RELEASE: I authorize TOW to investigate my character, qualifications, past employment, education, and activities. I release from all liability, any person, company, corporation, school, or government agency supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such. This policy and authorization is in a language I understand, and I understand that if I have questions I should ask them before signing below. I understand this is a legal and binding document.

Signature

____/____/____
Date