

TOWN OF BLOOMFIELD EMPLOYMENT APPLICATION

LAST NAME		FIRST NAME	
STREET ADDRESS		CITY, STATE ZIP	
TELEPHONE	DRIVERS LICENSE #	ISSUING STATE	
EMAIL ADDRESS	OTHER LICENSES APPLICABLE TO POSITION		
POSITION APPLYING FOR	DATE AVAILABLE		
SELECT APPROPRIATE OPTIONS:			
FULL TIME	PART TIME	TEMPORARY	ARE YOU A US CITIZEN OR DO YOU HAVE A WORK PERMIT YES NO
ARE YOU AT LEAST 18 YEARS OF AGE :		IF REQUIRED FOR THE JOB APPLYING FOR, DO YOU HAVE A DRIVERS LICENSE?	
HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OF LAW SUBSTANTIALLY RELATED TO CIRCUMSTANCES OF THE PARTICULAR JOB IF YES, EXPLAIN:			
HIGH SCHOOL OR GED EQUIVALANCY:		NO	YES
NAME AND LOCATION OF HIGH SCHOOL:			
TRAINING BEYOND HIGH SCHOOL: INCLUDE COLLEGE, UNIVERSITY, TECH SCHOOL, MILITARY SCHOOL			
NAME & LOCATION OF SCHOOL		DATES ATTENDED	
MAJOR FIELD	DEGREE EARNED		
OTHER RELAVANT TRAINING, CORRESPONDENCE COURSES, IN SERVICE TRAINING, OR VOLUNTEER WORK:			
MAY WE CONTACT YOUR CURRENT EMPLOYER:		NO	YES
EMPLOYER NAME & ADDRESS		KIND OF BUSINESS	
NAME AND ADDRESS OF SUPERVISOR		REASON FOR LEAVING	
DATES OF EMPLOYMENT		ENDING SALARY	
JOB RESPONSIBILITIES:			

EMPLOYER NAME & ADDRESS		KIND OF BUSINESS
NAME AND ADDRESS OF SUPERVISOR	REASON FOR LEAVING	
DATES OF EMPLOYMENT		ENDING SALARY
JOB RESPONSIBILITIES:		

EMPLOYER NAME & ADDRESS		KIND OF BUSINESS
NAME AND ADDRESS OF SUPERVISOR	REASON FOR LEAVING	
DATES OF EMPLOYMENT		ENDING SALARY
JOB RESPONSIBILITIES:		

EMPLOYER NAME & ADDRESS		KIND OF BUSINESS
NAME AND ADDRESS OF SUPERVISOR	REASON FOR LEAVING	
DATES OF EMPLOYMENT		ENDING SALARY
JOB RESPONSIBILITIES:		

REFERENCES – PLEASE PROVIDE 3 REFERENCES (DO NOT LIST RELATIVES, PRESENT EMPLOYER OR CLERGY)		
NAME AND ADDRESS		NUMBER OF YEARS KNOWN
EMAIL		TELEPHONE NUMBER
POSITION/TITLE/PROFESSION		

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NAME AND ADDRESS	NUMBER OF YEARS KNOWN
EMAIL	TELEPHONE NUMBER
POSITION/TITLE/PROFESSION	
PLEASE INITIAL EACH OF THE FOLLOWING AND SIGN BELOW TO ACKNOWLEDGE READING AND UNDERSTANDING	
EQUAL OPPORTUNITY STATEMENT:	
The Town of Bloomfield is an Equal Opportunity Employer and does not discriminate against applicants or employees because of race, color, gender, sex, national origin, ancestry, religion, creed, disability, handicap, age, marital status, sexual orientation, arrest or conviction record, veteran status or any other category protected by applicable law. APPLICANT INITIALS: _____	
PHYSICAL EXAMINATION & RELEASE:	
All positions requiring a physical examination and drug test following an offer of employment. A record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the Town. I hereby release from liability and hold harmless the Town of Bloomfield and all individuals and business entities supplying this information to the Town or its agents. A photocopy of this authorization is as effective as the original. APPLICANT INITIALS: _____	
CONFIDENTIALITY:	
I hereby request that this application be kept confidential to the degree allowed under Wisconsin Statutes. I understand, however, that this application may be an open record under Wisconsin laws and subject to public inspection. APPLICANT INITIALS: _____	
CERTIFICATION STATEMENT:	
I authorize the investigation of my personal character or employment record, and I hereby release all persons providing this information from any liability or damages. Photocopies of release are acceptable. I certify that all answers to questions in this application are true and I agree that my misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the Town. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice. APPLICANT INITIALS: _____	
APPLICANT SIGNATURE:	DATE: