

VILLAGE 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: | | | |
| | | | |
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| | | |
|--|--------------------|-----------------------|
| 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 |
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| NAME AND ADDRESS OF SUPERVISOR | REASON FOR LEAVING | |
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| 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 | | |
| | | |
| 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 | |
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| | |
| PLEASE INITIAL EACH OF THE FOLLOWING AND SIGN BELOW TO ACKNOWLEDGE READING AND UNDERSTANDING | |
| EQUAL OPPORTUNITY STATEMENT: | |
| The Village 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 Village. I hereby release from liability and hold harmless the Village of Bloomfield and all individuals and business entities supplying this information to the Village 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 Village. 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: |
| | |