

**Town of Mountain**  
**13053 Weller Road, P O Box 95**  
**Mountain, WI 54149**  
**Telephone: (715) 276-6474 Fax: (715) 276-6007**

**Application for Employment**  
Applicants May be Tested for Illegal Drugs

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any accidents or moving violations during the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**POSITION/AVAILABILITY:**

Position Applied for: \_\_\_\_\_

Days/Hours Available:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

**EDUCATION:**

Name and Address of School –	Degree/Diploma – Graduation Date
_____	_____
_____	_____
_____	_____

Skills and Qualifications: Licenses, Skills, Training, Awards

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Start date: \_\_\_\_\_ Ending: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: Start: \_\_\_\_\_ Ending: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May We Contact Your Present Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Start date: \_\_\_\_\_ Ending: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: Start: \_\_\_\_\_ Ending: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**References:**

Name/Title -	Address -	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future, if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_