

# Town of Plum Lake

P.O. Box 280      715 - 542 - 4531      8755 Lake St.      Sayner, Wisconsin 54560  
E-Mail: [office@townofplumlake.com](mailto:office@townofplumlake.com)      Website: [www.townofplumlake.com](http://www.townofplumlake.com)

## EMPLOYMENT APPLICATION

Please complete the entire application.

*It is the policy of the Town of Plum Lake to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.*

### **APPLICANT INFORMATION:**

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Driver's License Number (State): \_\_\_\_\_

### **EMERGENCY CONTACT:**

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Position Applied for:    **Public Works Crew : Buildings and Grounds Employee**

If you are offered employment, when would you be able to begin work? \_\_\_\_\_

### **APPLICANT'S SKILLS:**

NOTE: Applicant advised to read the job description and list related skills/experience below. (One represents minimal skill, five represents exceptional competency at that skill.)

<u>Skill</u>	<u>Yrs Experience</u>	<u>Ability/Rating</u>
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

**APPLICANT'S SKILLS (cont):**

Yrs Experience   Ability/Rating

_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5

**APPLICANT EMPLOYMENT HISTORY:**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list or explain all gaps in employment. If additional space is needed, continue on the back of this page.

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Dates of Employment: (Month and year) From \_\_\_\_\_ to \_\_\_\_\_

.....

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Dates of Employment: (Month and year) From \_\_\_\_\_ to \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment: (Month and year) From \_\_\_\_\_ to \_\_\_\_\_

**APPLICANT'S EDUCATION AND TRAINING:**

College/University Name and Address: \_\_\_\_\_

Did you receive a degree: Yes \_\_\_ No \_\_\_ If yes, degree received: \_\_\_\_\_

High School/GED Name and Address: \_\_\_\_\_

Did you graduate/receive a diploma: Yes \_\_\_ No \_\_\_

Other Training (graduate, technical, vocational): \_\_\_\_\_

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

\_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Please list three references, people who are not relatives or job related, that can attest to your personal attributes and character. Include name, contact number and how you are acquainted.

Please provide any other information that you believe should be considered.

**Authorization and Certification:**

In considering my application for employment, the Town of Plum Lake may verify the information on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information necessary concerning my background. I understand that any misrepresentation of fact on this application subjects me to disqualification for, or if hired, dismissal, no matter how long after employment the misrepresentation is discovered. I understand that any offer of employment will be contingent upon satisfactory completion of a drug screening, background check (including criminal), and a physical examination at the Town’s expense if required.

I hereby affirm that the foregoing information is true, complete, and correct to the best of my knowledge and belief without omissions of any kind.

I release and hold harmless the Town of Plum Lake, its officers, agents, and employees, and the persons providing any supplemental information, from any liability related to the information supplied or obtained during the recruitment and selection process of this application.

If accepted for employment, I agree that I am an “at will” employee. I also understand that the Town of Plum Lake maintains a drug-free and violence free-workplace.

If this is checked  , then I request the Town of Plum Lake not contact my present employer without my specific consent.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZATION AGREEMENT**

Name \_\_\_\_\_; Address \_\_\_\_\_; Date of Birth \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I am an applicant for a position with the Town of Plum Lake. The Town of Plum Lake needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the Town of Plum Lake.

I hereby authorize any representative of the Town of Plum Lake bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Town of Plum Lake, whether said records are of public, private, or confidential nature. The intent of the authorization is to give my consent for full and complete disclosure. I reiterate and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Town of Plum Lake to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigator files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others, from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or of the Town of Plum Lake regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Town of Plum Lake's acceptance and processing of my application for employment, I agree to hold the Town of Plum Lake, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Town of Plum Lake.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Town of Plum Lake in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature. This release is valid for a period of 1 year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

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