



TOWN OF CLAYTON
APPLICATION FOR EMPLOYMENT

P.O. BOX 13
LARSEN, WI 54947
Phone - 920-836-2007
Fax - 920-836-2026
Email - toc@new.rr.com

Instructions:

1. Application form must be submitted to be considered for employment.
2. Answer all questions – complete application.
3. Date and sign the application on last page.
4. Attach resume and additional information as necessary.
5. Return to above address.
6. Applications will be kept in an active file for twelve months.

The Town of Clayton is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the Town to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, sexual orientation, age, sex, veteran status or disability, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, the Town intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

Position Desired: _____ Date: _____

Are you interested in: Full-time _____ Part-time: _____ Either: _____ Salary Expected: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Social Security Number: _____

Referred by: Newspaper Ad: _____ Job Posting: _____ Other: _____

Have you worked for us before? _____ If yes, when? _____

May we contact your present employer regarding your qualifications? _____

Are you a citizen of the United States? If not, are you in this country on a visa, which will permit you to do work here? _____

Employment Record

List in order, present employer first. (Account for all periods between jobs. Include experiences in Armed Forces)

From (Mo – Yr) _____ To (Mo – Yr) _____ Job Title or Occupation: _____

Company name and address: _____

Supervisor's name & title: _____ Supervisor's Phone #: _____

Description of your duties: _____

Highest salary earned \$ _____ per _____ Full-time _____ Part-time _____

Reason for leaving/What did you like least about this job: _____

From (Mo – Yr) _____ To (Mo – Yr) _____ Job Title or Occupation: _____

Company name and address: _____

Supervisor's name & title: _____ Supervisor's Phone #: _____

Description of your duties: _____

Highest salary earned \$ _____ per _____ Full-time _____ Part-time _____

Reason for leaving/What did you like least about this job: _____

From (Mo – Yr) _____ To (Mo – Yr) _____ Job Title or Occupation: _____

Company name and address: _____

Supervisor's name & title: _____ Supervisor's Phone #: _____

Description of your duties: _____

Highest salary earned \$ _____ per _____ Full-time _____ Part-time _____

Reason for leaving/What did you like least about this job: _____

From (Mo – Yr) _____ To (Mo – Yr) _____ Job Title or Occupation: _____

Company name and address: _____

Supervisor's name & title: _____ Supervisor's Phone #: _____

Description of your duties: _____

Highest salary earned \$ _____ per _____ Full-time _____ Part-time _____

Reason for leaving/What did you like least about this job: _____

EDUCATION AND TRAINING

Did you graduate from high school? YES NO Dates Attended: _____

If yes, name and location of school. _____

If no, have you passed a high school equivalency or G.E.D. Test? YES NO
 Date test was passed _____ State _____

Training beyond high school (college or university, business college, military or other training you have received). **Indicate credits earned or completed.**

Name and Location	Full or Part Time	Dates Attended		Credits Earned	Major Fields of Study	Degree and Dates
		From Mo/Yr	To Mo/Yr			

References

Examples include additional supervisors not listed previously or volunteer coordinators/lead workers knowledgeable of your work performance. Do not include individuals listed under employment record. Do not include personal friends or relatives.

Reference name and address: _____

Relationship to reference: _____

Reference's Telephone number: _____

Reference name and address: _____

Relationship to reference: _____

Reference's Telephone number: _____

Use this space for any additional information or comments regarding your qualifications for employment:

Do you currently possess a valid Driver's License? Lic. # _____ State: _____

CONVICTION RECORD

List any other names by which you have been known on official records. _____
Please list **all** convictions (including felonies and misdemeanors). Exclude minor traffic offenses and convictions prior to your 18th birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances. I understand that a subsequent discovery by the Town of false or incomplete information may be considered grounds for termination.

Date	Charge	Place	Court	Action Taken

**Please Read Carefully
Applicant's Certification and Agreement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the Town of Clayton or its agent upon presentation of this or copy hereof. I understand that the background check might be done either before or after an employment decision is reached and in fact could conceivably be done on multiple occasions during employment.

Some positions require a physical examination 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 of Clayton.

In addition, I authorize all employers and other parties, whether named in my application or not, to provide information to the Town of Clayton and/or its agents. A photocopy of this authorization is as effective as the original.

Signature of Applicant: _____ **Date:** _____

Print Name: _____

FIRST MIDDLE LAST

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Town of Clayton will be based on your merit and on no other consideration.