

PROVIDED BY

TOWN OF ROCK RIVER

(Employer Name)

Equal opportunity employer. Applicants are considered for employment without regard to sex, marital status, race, color, religion, creed, national origin, age, physical or mental disability:

Salary desired _____ Job applied for _____

Your application is a permanent part of your record.

Last Name	First Name	Middle Initial	Social Security Number
Street Address/P. O. Box	City	State	Zip Telephone Number Message Telephone Number

Are you a United States citizen?

Yes No

U.S. MILITARY SERVICE

Branch of Service FROM: TO:
Duty & training while in service:

If no, Alien Registration # _____

Are you looking for a full time position? Part-time position? Temporary Position?

Do you prefer to work? Days? Evenings? Nights? Weekends?

If necessary for the job, are you over? 16 18 21 25 (please circle)

EMPLOYMENT HISTORY - List your most recent position first. (Please do not "refer to resume.")

Employer	Work Performed
Address Telephone	
Job Title Dates From: To:	
Supervisor May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving	

Employer	Work Performed
Address Telephone	
Job Title Dates From: To:	
Supervisor May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Job Title Dates From: To:	
Supervisor May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving	

SKILLS

Summarize special skills, qualification, and equipment used. _____

Transportation to job? Yes No Driver's License: _____ State/Type _____

EDUCATION

	High School					College/University				Graduate/Professional				Major
	9	10	11	12	GED	1	2	3	4	1	2	3	4	
Years Completed														
Diploma/Degree/Certificate														
Other Education/Training														

PERSONAL/PROFESSIONAL REFERENCES

List three references other than relatives:

Name	Address	Telephone Number	Occupation	Length of Acquaintance

OTHER

Additional comments you feel would assist us in evaluating your qualifications.

Are you willing to relocate? _____

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

If necessary for employment in a specific position, you may be required to have a physical examination, drug screen, to provide evidence of citizenship or date of birth, or to sign a conflict of interest agreement and abide by its terms.

 Signature of applicant Date

EMPLOYER SECTION: _____

