VILLAGE OF MAZOMANIE EMPLOYMENT APPLICATION The Village of Mazomanie is an equal opportunity employer.

(PLEASE PRINT PLAINLY)

This application will be held in the active file for 30 days. If you wish to be considered after that date, please recontact us.

PERSONAL INFORMATION Name: Phone: _____ Social Security No.: _____ If the position you are applying for requires a driver's license, please complete the following questions: Driver's License No.: _____ State Issued: ____ Class of License: _____ Expiration date: List all driving Infractions and dates in the past three years: Are you legally eligible for employment in the U.S.A.? ______ (If you are hired, federal law requires that you provide documentation of your identity and eligibility for employment and that you attest to your eligibility for employment). If you are under age 18, state: your age ______, and whether you can provide a work permit _____. . Rate of pay expected: _____. Position(s) applied for: _____ Would you work Full-Time ______ Part-Time _____? If your application is considered favorably, on what date will you be available for work? The Village of Mazomanie is an equal opportunity employer. The Village does not discriminate in hiring or

The Village of Mazomanie is an equal opportunity employer. The Village does not discriminate in hiring or employment on the basis of race, color, creed, national origin, marital status, sex, sexual orientation, religion, ancestry, age, disability, veteran status, arrest or conviction record (except as permitted by law), or any other applicable protected classification. It is the Village's policy to comply with all laws prohibiting discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. One of the factors in determining whether an applicant will be employed is that the Village, at its own expense, arranges for a surety bond for its employees who are required by law to be bonded. Unless the applicant's background is acceptable to a surety company, the Village may be unable to offer employment.

EDUCATION INFORMATION

		Course of Study	Completed			Graduate?	or Degree	Average	
High			១	10	11	12	Yos		
College			1	8	3	4	Yes No		
Other Specify)			1	2	3	4	Yes No		
Other Specify)	10 - 2 - 20 - 20 - 20 - 20 - 20 - 20 - 2		1	5	3	4	Yes		
	en employed here previously? Yes	_ No							
Have you eve	er applied here before? Yes No _								
Have you eve (Note: A con be considere conviction, (k arrest(s), acq	er applied here before? Yes No _er been convicted of a criminal offense? viction does not automatically disqualify din accordance with law). If the answer of the offense, (c) the penaulttal(s), conviction(s) reversed on appead against you by a court as a "youthful of the penaulttal of the penaulttal (s), conviction(s) reversed on appears.	Yes No y an applicant from earls "yes", then for early lity imposed, and (d) al, conviction(s) that	ch s the hav	circ ve b	co cum een	nvio Ista I co	ction, indica nces involv	ate (a) the da red. Exclude	ate(s) of any

PROFESSIONAL REFERENCES

List below all present and past employment, beginning with your most recent position.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	BALARY	EXACT REASON FOR LEAVING
rom:			From.	
TO.			lo:	
	Telephone ·	Supervisor:		May we contact them?
mon			From	
[φ.			To	
	Telephone	Bupervisor		May we contact them?
ròm			From	
10:			10	
	Telephone:	Buperylene		May we contact them?
From			From:	
To:			to:	
	Telephone:	Supervisor:		May we contact them?

If you need more space to list all of your present and past employment, please continuo on a separate sheet.

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number	No. of years you have known reference

Pool Applicants Only
Please list your current certifications and expiration dates. (Submit copies of certifications)
First Aid:
CPR:
Lifesaving:
WSI:
Other:

AGREEMENT

PLEASE READ BEFORE SIGNING. If you have any questions regarding this agreement, please contact the Village Clerk before signing.

In order that the Village may arrive at an employment decision, I understand that the Village may do any or all of the following, and I have consented to the same:

- 1. Investigate all statements contained in this application for employment.
- 2. Request that I be fingerprinted.
- 3. Conduct a criminal background check.
- 4. Check all references.

I understand that if I receive an offer of employment, I may be required to undergo a pre-employment medical examination conducted by a doctor of the Village's choice, and to submit to drug screening. I also understand that my employment may be conditioned on the results of the examination and screening.

If employed, as a condition of continued employment, I agree to submit to drug screenings at the request of the Village or in accordance with the Village's policy. I understand that failure to cooperate with the testing may be grounds for dismissal.

In the event that I am employed by the Village:

- 1. I will comply with all rules and policies of the Village, including a request for a current personal photograph meeting the Village's specifications; and
- 2. I understand that my employment can be terminated at any time, with or without cause, either at my option or that of the Village. I understand that no personnel recruiter, interviewer or other representative of the Village other than the Village Board has any authority to enter into an agreement for employment for any specified period of time; I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as an employment contract or contrary to at-will employment status.

I certify that the answers and information given in this employment application are true and correct to the best of my knowledge. I agree that false or misleading information given in my application or interviews may disqualify me from consideration, or, if I am hired, may be grounds for discharge from employment.

	Date: _		
	ONLY (To be completed AFTER applic		yment)
Date employment offered	Date accepted	Date refused	
Date employed	Date of Birth	Tax exempt	Non-exempt
Department	Social Security Number:		
Job Title	Full time Part time	Maiden Name	
In case of accident or other eme	rgency, who is the first person we sh	nould contact?	
Name	Relationship		
Home Telephone	Work Telephone	Cell Number	
Home Address			
Work Address			