

**TOWN EMPLOYEE APPLICATION**

**Town of Big Flats  
1104 County Road C  
Arkdale, WI 54613-9728  
608-564-7754**

**APPLICANT INFORMATION**  
**PLEASE PRINT CLEARLY**

DATE \_\_\_\_\_ Position applying for: \_\_\_\_\_

NAME \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

**CURRENT & PREVIOUS THREE YEARS ADDRESSES:**

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU WORKED FOR THE TOWN OF BIG FLATS BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**EDUCATION HISTORY:**

Please circle the highest grade completed: Grade school: 1 2 3 4 5 6 7 8 9 10 11 12  
College: 1 2 3 4 Post Graduate: 1 2 3 4

**EMPLOYMENT HISTORY:**

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr Mo/Yr Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

*(Attach additional sheets for 10-year history, if needed.)*

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes No \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes No \_\_\_\_\_

Have you ever been convicted of a felony, offense or crime? \_\_\_\_\_ Yes No \_\_\_\_\_

If the answers to any questions listed above are "yes", give details. \_\_\_\_\_

Qualifications & skills you can offer to this position: \_\_\_\_\_

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

Do you hold a valid CDL? Yes \_\_\_\_\_ No \_\_\_\_\_ Licenses # \_\_\_\_\_

Are you able to lift 75 LBS and perform hard work? Yes \_\_\_\_\_ No \_\_\_\_\_

If No please explain: \_\_\_\_\_

