

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: _____

References

List three (3) people for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the Township or his agents may investigate the applicant’s background to obtain any and all information of concern to applicant’s record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the Town of Big Flats to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ **Date** _____

In Case of Emergency Contact _____ **Phone** _____

Remarks: (For office use only)

