

**TOWN OF ST. CROIX FALLS
APPLICATION FOR EMPLOYMENT**

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, sexual preference, religion, or status with regard to public assistance, disability, handicap, or conviction of a crime, unless the crime relates directly to the position sought. Thank you for your interest in employment with the Town of St. Croix Falls.

<p>USE INK, PLEASE PRINT OR TYPE</p> <p>Position Desired: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>How long at present address? _____</p> <p>Phone: _____</p> <p>Drivers License Number: _____</p> <p>Are you a U.S. citizen? Yes No If no, attach permit copy.</p> <p>Have you ever been convicted of a crime? No Yes If yes, explain briefly:</p> <p>_____</p> <p>_____</p> <p>In Case of Emergency, Notify _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: center;">Name</td> <td style="width: 40%; text-align: center;">Address</td> <td style="width: 30%; text-align: center;">Phone #</td> </tr> </table> <p>Previous name(s), if any _____ Salary expected:</p> <p>Date available for employment _____ \$_____ per _____</p>	Name	Address	Phone #	<p>I'm seeking:</p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Temporary</p> <hr/> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> <p>Hours per week:</p>
Name	Address	Phone #		

Education: Name/Address	Circle last year completed	Average Grades	Graduated		Degree/Major
			Yes	No	
High School/G.E.D.:	9 10 11 12				
College:	1 2 3 4 5 6				
Graduate School:	1 2 3 4				
Vocational, Technical:	1 2 3 4				
Business, Military:	1 2 3 4				

Do you qualify for Veteran's preference? Yes No If you receive a monthly VA pension you do not qualify for Veterans Preference.

EMPLOYMENT RECORD (List last four jobs with most current one listed first.)

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

Name of Company	1.	2.	3.	4.
Phone				
Location				
Supervisor				
Your job title				
Summary of Job Duties and Responsibilities				
Dates:	From: To:	From: To:	From: To:	From: To:
Reason for leaving				
Salary:	Start: Leave:	Start: Leave:	Start: Leave:	Start: Leave:

Activities, Civic, Hobbies, etc.

TO BE COMPLETED FOR CLERICAL POSITIONS: Typing Speed _____ wpm Shorthand _____ wpm
 Transcription _____ wpm Word Processor _____ wpm Data Entry _____ wpm

TO BE COMPLETED FOR POSITIONS REQUIRING LICENSURE:

Driver's License class _____ Expiration Date _____

List professional organizations to which you belong:

I hereby authorize investigation of all statements contained in this application. I agree that if any misrepresentation or omission has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by the Town may be terminated immediately.

I understand that any offer of employment made to me may be conditioned upon taking and passing a physical examination. I further understand and agree that I will provide the Town with any and all medical history information or other information the Town deems necessary in processing my employment application. Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between the Town and me for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Town unless made in writing and signed by the Town Chair. If an employment relationship is established, I understand the terms and conditions of my employment are governed by the Town.

Tennessee warning: This application is to assist the y in considering you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to the Town where you may be considered for employment. Names of applicants would become public when certified as eligible for appointment to a vacancy or when considered by the Town to be a finalist for a position.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE CONDITIONS.

Date: _____ Signature: _____

