

VILLAGE OF BUTLER
12621 W. HAMPTON AVENUE
BUTLER, WI 53007-1791

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

Date of Application _____

Position(s) Applied For _____

Referral Source Advertisement Friend Relative
 Employment Agency Other _____

Name _____ Social Security No. _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP PHONE

How long at present address _____ Drs. Lic. # _____

Are you a Citizen of the United States? Yes No

If not, do you possess an Alien Registration Card? Yes No

Are you available to work? Full Time Part Time On Shifts

Are you? Under 18 Over 18 years of Age

Have you been convicted of a felony or released from prison within the last 7 years?
 Yes No

If yes, describe in full, including date(s) _____

In case of accident or emergency, please notify:

NAME ADDRESS PHONE NO.

AN EQUAL OPPORTUNITY EMPLOYER M/F

Do you have a disability, a handicap or a medical condition that limits your job performance? Yes No

If yes, please explain _____

Are you a Veteran? Yes No

If yes, what was your branch of Military Service? _____

Rank _____

List Trade or Professional Organizations of which you are a member, including offices held _____

Give name, address and phone number of three (3) references not related to you.

Education

	Elementary	High School	Vocational/ College	Graduate - Professional
School Name				
Years Complete: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree	N/A			
Describe Course of Study:	N/A			
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities				

EMPLOYMENT EXPERIENCE

List each job held. Start with your **present or last job**. Include military service assignments and volunteer activities.

1.

Employer _____ Address _____

Job Title _____ Supervisor _____

Dates Employed _____ / _____
From To Rate/Salary _____ / _____
Starting Final

Work Performed _____

Reason for Leaving _____

2.

Employer _____ Address _____

Job Title _____ Supervisor _____

Dates Employed _____ / _____
From To Rate/Salary _____ / _____
Starting Final

Work Performed _____

Reason for Leaving _____

3.

Employer _____ Address _____

Job Title _____ Supervisor _____

Dates Employed _____ / _____
From To Rate/Salary _____ / _____
Starting Final

Work Performed _____

Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

Summarize Special Skills and Qualifications Acquired From Employment or Other Experience _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Village.

Signature of Applicant

Date

For Personnel Department Use Only		
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Remarks _____ _____		
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____
Job Title _____	Hour Rate/Salary _____	Dept. _____

EMPLOYING AGENCY
VILLAGE OF BUTLER

AUTHORIZATION FOR RELEASE OF INFORMATION
(For Official Use ONLY, not to be released to unauthorized person)

I hereby empower an employee of the Village of Butler or other authorized
Employing Agency
representative bearing this release to, within six (6) months of its date, obtain
information and records pertaining to me from any or all of the following sources:

1. Selective Services System
2. Banking Institutions
3. Place of Business (for purposes of obtaining credit or employment data)
4. Credit Rating Bureaus or Institutions maintaining individual credit rating files
5. School, college, university or other educational institutions
6. Office, clinic, sanatorium or hospital where illnesses, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated
7. ~~Employment Records~~
8. Driver's Record; Driver's License No. _____
9. Social Security Number _____

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability of damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Other Name(s) Used

Print Name

Date

Signature (Full Name)

Address (Street, etc.)

City, State, Zip Code

Witness

Date of Birth