

TOWN OF CHICOG
EMPLOYMENT APPLICATION

Return Completed Application To:

Town of Chicog
W8499 Hwy 77
Trego, WI 54888

The Town of Chicog considers applicants for all positions without regard for race, color, religion, sex, national origin, age, marital or veteran status, presence of a non-job related medical condition, or handicap, or any other legally protected status.

Town of Chicog is an Equal Opportunity Employer

All parts of this form must be completed in full.

TITLE OF POSITION FOR WHICH YOU ARE APPLYING _____ Date _____
LAST NAME FIRST NAME MIDDLE NAME SOCIAL SECURITY NUMBER

PRESENT ADDRESS APT.# CITY STATE ZIP CODE

HOME TELEPHONE NUMBER BUSINESS OR CELL NUMBER E-MAIL (OPTIONAL)

NAME OF ANY FAMILY MEMBERS CURRENTLY EMPLOYED BY CHICOG ARE YOU A CURRENT TOWN EMPLOYEE
YES _____ NO _____

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING? ARE YOU WILLING TO WORK UNUSUAL HOURS? I.E. NIGHTS AND WEEKENDS
REGULAR (FULL TIME) _____ YES _____ NO _____
PART TIME _____
TEMPORARY OR SEASONAL _____ WHEN ARE YOU AVAILABLE FOR EMPLOYMENT

DO YOU HAVE A VALID WISCONSIN DRIVERS LICENSE? YES _____ NO _____

DO YOU HAVE A VALID CDL LICENSE? YES _____ NO _____

DO YOU HAVE ACCESS TO A VEHICLE IF NEEDED? YES _____ NO _____

ARE YOU A CITIZEN OR DO YOU HAVE PAPERS FROM THE U.S. GOVERNMENT PERMITTING YOU TO WORK? YES _____ NO _____

IF UNDER 18 YEARS OLD, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES _____ NO _____

HAVE YOU APPLIED FOR WORK WITH CHICOG TOWNSHIP BEFORE? YES _____ NO _____

IF SO, GIVE DATE OF APPLICATION _____

HAVE YOU BEEN A CHICOG EMPLOYEE BEFORE?

IF SO, WHEN _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

MAY WE CONTACT YOUR CURRENT OR PREVIOUS EMPLOYERS? YES _____ NO _____

IF NO, NAME AND EXPLAIN EXCEPTIONS _____

HAVE YOU HAD JOB RELATED TRAINING IN THE MILITARY? YES _____ NO _____

IF YES, PLEASE DESCRIBE _____

DO YOU HAVE LIMITATIONS THAT COULD HINDER YOU FROM DOING THE JOB FOR WHICH YOU ARE APPLYING? YES _____ NO _____

IF YES, PLEASE DESCRIBE _____

HAVE YOU EVER BEEN CONVICTED OF OFFENSES THAT WOULD BE DIRECTLY RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? YES _____ NO _____

IF YES, GIVE CONVICTION, DATES, AND LOCATION _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES _____ NO _____

IF YOU ATTENDED COLLEGE OR VOCATIONAL SCHOOL, HOW MANY SEMESTERS? _____

DESCRIBE ANY TRAINING YOU HAVE RECEIVED OUTSIDE OF COLLEGE OR VOCATIONAL SCHOOL. INCLUDE CORRESPONDENCE COURSES, SERVICE SCHOOLS, ON THE JOB TRAINING, ETC.

LIST RECENT EMPLOYERS, YOUR JOB TITLE AND DUTIES, NUMBER OF YEARS EMPLOYED, WAGE EARNED, AND REASON FOR LEAVING.

CHICOG TOWNSHIP HAS A ZERO TOLERANCE POLICY FOR DRUGS AND ALCOHOL ON THE JOB. DRUG AND BREATHOLIZER TESTS MAY BE GIVEN RANDOMLY. FAILURE TO COMPLY WITH OR PASS THESE TESTS WILL RESULT IN TERMINATION. ARE YOU WILLING TO SUBMIT TO RANDOM DRUG AND BREATHOLIZER TESTS?

YES _____ NO _____

REFERENCES

LIST TWO EMPLOYER REFERENCES AND TWO PERSONAL REFERENCES THAT WE CAN CONTACT AT THIS TIME WHO ARE NOT RELATED AND WHO WOULD HAVE FIRSTHAND KNOWLEDGE OF YOUR QUALIFICATIONS.

NAME _____ EMPLOYERS NAME _____

ADDRESS _____

PHONE NUMBER (S) _____

E-MAIL ADDRESS _____

NAME _____ EMPLOYERS NAME _____

ADDRESS _____

PHONE NUMBER (S) _____

E-MAIL ADDRESS _____

NAME _____ EMPLOYERS NAME _____

ADDRESS _____

PHONE NUMBER (S) _____

E-MAIL ADDRESS _____

NAME _____ EMPLOYERS NAME _____

ADDRESS _____

PHONE NUMBER (S) _____

E-MAIL ADDRESS _____

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH THE TOWN OF CHICOG

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that Chicog Township shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application. I also authorize pertinent companies, agencies, municipalities or persons to give Chicog Township any information request regarding my employment, character, experience and qualifications and/or suitability for employment with Chicog Township, including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever. I further understand that I may be asked to undergo substance abuse screening prior to appointment to a position with Chicog Township, and additionally, that if offered employment I may be asked to undergo a physical examination. Refusal to participate will result in rejection of my application.

Applicant's Signature _____ **Date** _____