

Town of Cottage Grove

DATE _____

**4058 County Road N
Cottage Grove, WI 53527**

Phone (608) 839-5021

Fax (608) 839-4432

Web Site: www.tn.cottagegrove.wi.gov

e-mail: clerk@towncg.net

Resumes welcome but will not serve as a substitute for this application.

NAME _____	Social Security Number _____
<i>Last</i> <i>First</i> <i>Middle</i>	
PRESENT ADDRESS _____	Telephone Number _____
<i>Street</i>	
_____	Alternate Number _____
<i>City</i> <i>State</i> <i>Zip Code</i>	
Time at this address _____	EMAIL ADDRESS _____

POSITION APPLIED FOR _____ Hourly wage desired _____

Are you a United States Citizen or a Permanent Resident Alien? Yes [] No []

If not what is your immigration status? _____
(If you are hired, you will be required to submit verification of your legal right to work in the United States.)

Have you filed an application with us before? Yes [] No [] If so, when? _____

Date available to begin employment _____

Please check employment preference: Full time [] Part time [] Temporary []

Are you at least 18 years of age? Yes [] No []

Your application will be kept in the active file for a period of six (6) months. If you desire to keep it active beyond that time, you will be required to bring the application up-to-date or to fill out a new application.

EDUCATION

School	Name and Location of School	Major Field	Highest Grade Completed	Degree or Diploma Earned
High School or GED		Not Applicable		
College				
Tech School				

Are you presently employed? Yes [] No []

May we contact your present employer? Yes [] No []

Have you ever been convicted of any ordinance violation, misdemeanor, felony offense or OMVWI? Yes [] No []
If yes, give details below. (Use additional sheets if necessary.)

DATE OF OFFENSE	PLACE	CHARGES	PENALTIES
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Conviction record will not automatically exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the offense will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

Are you prevented from lawfully becoming employed in the Town of Cottage Grove because of visa or immigration status? Yes [] No [] (Proof of citizenship or immigration will be required upon employment).

Do you have responsibilities that would prevent you from working evening, weekend and/or overtime as required by the position? Yes [] No []

Are there any other experiences, skills or qualifications which you feel would especially qualify you for employment with the Town of Cottage Grove? Include any additional information regarding your past/present employment which you think would be of interest to us in considering your application. Exclude names of organizations which may indicate race, color, religion, sex, sexual orientation or national origin marital or veteran status, or the presence of non-job related medical condition(s) or handicap(s).

Experience meeting and dealing effectively with the public, handling complaints, providing information, answering questions, etc.? Yes [] No []

If yes, please describe: _____

COMPUTER SKILLS: Check all that apply

- | | | | |
|--------------------|----------------|---------------------|-------------------|
| Microsoft Word: | [] Proficient | [] Some experience | [] No experience |
| Microsoft Excel: | [] Proficient | [] Some experience | [] No experience |
| Microsoft Outlook: | [] Proficient | [] Some experience | [] No experience |
| Quickbooks: | [] Proficient | [] Some experience | [] No experience |

List any other computer skills/experience: _____

NAME _____

SPECIAL SKILLS

Do you possess a valid Driver's License? Yes [] No []

License # _____ State _____

Do you possess a Commercial Driver's License? Yes [] No []

License # _____ State _____

What level classified license do you currently hold? (Please circle all that apply)

A B C D M

Check appropriate endorsement(s) received:

_____ "T" Double/Triple Trailer _____ "N" Tank Vehicles

_____ "H" Hazardous Materials _____ "P" Passengers

_____ "X" Hazardous Materials & Tankers _____ "S" School Buses

Have you passed the CDL special knowledge and skill tests regarding air brakes? Yes [] No []

Please list any other special license or permit you possess which may be applicable to the position your applying for:

List all heavy equipment or other equipment related to the position you are applying for that you are skilled in operating:

I learned of the _____ position through: (check where appropriate)

_____ Recruiting bulletin (where?): _____

_____ Newspaper (please specify): _____

_____ Visit to Personnel Office _____ Internet

_____ Job Service or other employment agency _____ Word of Mouth

_____ Other Source (please specify): _____

EMPLOYMENT HISTORY: Give details of work experience, including apprenticeships, summer work, and misc. job. List most recent employer first. **COMPLETE ALL SECTIONS.**

Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Wage Rate/Salary _____
Employer: _____
Address: _____
Telephone No: _____ Supervisor: _____
Job Title: _____ May we contact for references? Yes [] No []
Duties performed: _____
Reason for leaving? _____

Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Wage Rate/Salary _____
Employer: _____
Address: _____
Telephone No: _____ Supervisor: _____
Job Title: _____ May we contact for references? Yes [] No []
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Employer: _____
Address: _____
Telephone No: _____ Supervisor: _____
Job Title: _____ May we contact for references? Yes [] No []
Duties performed: _____
Reason for leaving? _____

Feel free to add any relevant employment not listed here. _____

NAME _____

REFERENCES: List references other than relatives/former employers whom you have known for at least one year.

Name: _____

Occupation: _____ Years Acquainted: _____

Address: _____ Telephone: _____

Name: _____

Occupation: _____ Years Acquainted: _____

Address: _____ Telephone: _____

Name: _____

Occupation: _____ Years Acquainted: _____

Address: _____ Telephone: _____

Name: _____

Occupation: _____ Years Acquainted: _____

Address: _____ Telephone: _____

CERTIFICATION BY APPLICANT

By signing below, I am making the following representations and/or acknowledgements to the Town of Cottage Grove:

- I have received and reviewed a copy of the Job Description for this position.
- All of the information included in this application is true, correct and complete. I have not omitted any relevant information or provided information that would mislead the Town.
- I understand that the Town is relying on the truthfulness of the representations made in this application. If it is later determined that any answer I provided is incomplete, misleading or untrue, my application shall be withdrawn from consideration. If this determination is made after I have been offered and accepted employment, the Town may terminate me immediately. I waive any and all claims that I may have against the Town, whether known or unknown, related to my termination if I am terminated in whole or in part due to misrepresentations in this application.
- I authorize all former and current employers; schools; State, County or Federal agencies; municipalities; references; and/or persons identified herein to give to the Town of Cottage Grove any information requested regarding my employment, character, experience, credit record, qualifications, suitability for employment with the Town, police records, driving records, fingerprints and criminal background check for the purpose of considering my suitability for hire. I understand that such information may be provided to the Town confidentially and that I may be unable to access or review the information provided. There is no guarantee that the Town will be able to protect the confidentiality of the information released to the Town.
- A copy of this authorization is as valid as the original and shall be recognized as such.
- I understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to being offered a position and as a condition of continued employment. Refusal to participate in the physical exam or substance abuse screening may result in the rejection of my application and/or termination of my employment.

Signature of Applicant: _____ Date: _____