

TOWN OF GRAND RAPIDS
2410 48th Street South Wisconsin Rapids WI 54494 (715)424-1821

PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	DRIVERS LICENSE NUMBER

APPLICATION FOR POSITION OF:	DATE AVAILABLE
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WHAT HOURS ARE YOU <u>NOT</u> AVAILABLE TO WORK? (AM OR PM)	WHAT DAYS ARE YOU <u>NOT</u> AVAILABLE TO WORK? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
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Please indicate which types of employment interest you (check more than one box if you wish):

Permanent (Full-Time) Permanent (Part-Time) Temporary (Full-Time) until _____ Temporary (Part-Time) until _____

PRESENT ADDRESS - Number Street, City, State, Zip	HOME PHONE (include area code)
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MAILING ADDRESS - (if different from above) Number Street, City, State, Zip	BUSINESS PHONE (include area code)
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- Do you have access to a car (for some positions, a vehicle is required)? Yes No
- Do you have a valid driver's license? Yes No
- Are you at least 18 years of age and under 70? Yes No
- Are you a U.S. citizen or do you have an entry permit which allows you to work? Yes No

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME AND LOCATION OF HIGH SCHOOL
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TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Circle the number of years in College or University: 1 2 3 4 5 6 7 8
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NAME AND LOCATION	Dates Attended From / To	Credits Earned	Major Field	GPA /Base	Degree Conferred and Year

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certifications. (Be specific):

FOR SOME POSITIONS, IT MAY BE REQUIRED THAT EMPLOYEES POSSESS CERTAIN PHYSICAL CAPABILITIES. CHECK THE APPROPRIATE BOXES BELOW, WHICH YOU FEEL REFLECT THE PHYSICAL ACTIVITIES IN WHICH YOU CAN ROUTINELY ENGAGE WITHOUT HARM TO YOURSELF OR FELLOW EMPLOYEES. PLEASE BE ASSURED THAT A NEGATIVE ANSWER WILL NOT DISQUALIFY YOU FROM CONSIDERATION.

- LIFTING: 25 lbs or less 75 lbs 50 lbs 100 lbs or more 2) DO YOU HAVE DIFFICULTIES: Bending or Stooping? Climbing? Standing for long period of time? Working in temperature extremes?
- LIST ANY PHYSICAL LIMITATIONS WHICH YOU FEEL MAY RELATE TO THE WORK FOR WHICH YOU ARE APPLYING:

- HAVE YOU BEEN CONVICTED OF ANY VIOLATIONS OTHER THAN MINOR TRAFFIC VIOLATIONS? Yes No

- FOR WHAT HAVE YOU BEEN CONVICTED, WHEN, AND WHERE? _____

IF THERE WERE EXTENUATING CIRCUMSTANCES, OF WHICH WE SHOULD BE AWARE, PLEASE STATE ON SEPARATE SHEET. (Existence of a criminal record does not constitute an automatic bar to employment.)

- Do you presently hold a Commercial Driver's License? Yes No
- Are you able to obtain a Commercial Driver's License? Yes No

6) Employment

Begin with current or most recent employer. List chronologically all employment.

Name and Address of Employer		Dates		Position and Kind of Work
Name: _____		From	To	Reason for Leaving
Street: _____				
City, State _____		Full Time	<input type="checkbox"/>	
Supervisor's Name/Telephone: _____		Part Time	<input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO				
Name and Address of Employer		Dates		Position and Kind of Work
Name: _____		From	To	Reason for Leaving
Street: _____				
City, State _____		Full Time	<input type="checkbox"/>	
Supervisor's Name/Telephone: _____		Part Time	<input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO				
Name and Address of Employer		Dates		Position and Kind of Work
Name: _____		From	To	Reason for Leaving
Street: _____				
City, State _____		Full Time	<input type="checkbox"/>	
Supervisor's Name/Telephone: _____		Part Time	<input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO				
Name and Address of Employer		Dates		Position and Kind of Work
Name: _____		From	To	Reason for Leaving
Street: _____				
City, State _____		Full Time	<input type="checkbox"/>	
Supervisor's Name/Telephone: _____		Part Time	<input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO				
Name and Address of Employer		Dates		Position and Kind of Work
Name: _____		From	To	Reason for Leaving
Street: _____				
City, State _____		Full Time	<input type="checkbox"/>	
Supervisor's Name/Telephone: _____		Part Time	<input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO				
Name and Address of Employer		Dates		Position and Kind of Work
Name: _____		From	To	Reason for Leaving
Street: _____				
City, State _____		Full Time	<input type="checkbox"/>	
Supervisor's Name/Telephone: _____		Part Time	<input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO				

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby empower an employee of the Town of Grand Rapids or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal Law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize The Town of Grand Rapids as prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature