

Town of Freedom  
**APPLICATION FOR EMPLOYMENT**

(920) 788-4548 phone (920) 788-7550 fax

[e-mail: claha@townoffreedom.org](mailto:claha@townoffreedom.org)

**Mail Applications to:** Town of Freedom  
PO Box 1007  
Freedom, WI 54131

**Instructions:**

To be filled out by the applicant only, unless you are physically unable to do so. Please print neatly using blue or black ink. Answer all questions. Attach supplements if necessary. Incomplete applications may not be considered. Exclude any reference that may reveal or indicate your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability. You are not required to furnish any information which is prohibited by federal, state or local law.

**Date:** \_\_\_\_\_ **I learned of this position from:** \_\_\_\_\_

**Position desired:**

Full Time \_\_\_ Part Time \_\_\_ Seasonal/Temporary/Limited Term \_\_\_ Date Available for Work: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Home/Cell Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Other Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Are you eligible for employment in the United States?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you at least 18 years of age?** Yes \_\_\_\_\_ No \_\_\_\_\_

*Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and that you are able to obtain a worker's permit.*

**Have you ever been employed by the Town of Freedom?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, when, in what position and in which department?** \_\_\_\_\_

**Do you possess a valid driver's license?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you possess a valid commercial driver's license?** Yes \_\_\_\_\_ No \_\_\_\_\_ Type/Class: \_\_\_\_\_

**Do you possess any other license?** Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

If you are applying for a job where you need to drive your car while on Town business, can you make arrangements to meet the Town's minimum liability insurance requirements on your vehicle (Bodily Injury - \$100,000/\$300,000 and Property Damage - \$50,000)? Yes \_\_\_\_\_ No \_\_\_\_\_

**List any memberships in qualification-related professional or technical associations:** \_\_\_\_\_

**List any current license, certification or registration as a member of a trade or profession:** \_\_\_\_\_

**Have you ever been convicted of any violation of law?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

*By law, existence of a criminal record does not act as an automatic bar to employment. This information will be considered only if you first are considered one of the top candidates for a position. If considered one of the top candidates, this information will only be considered if it substantially relates to the position for the job for which you are applying.*

## EMPLOYMENT RECORD

Please complete this page to include ten years of employment. Please account for any periods of unemployment as well as military service. Please attach additional pages if necessary.

**From:** \_\_\_/\_\_\_/\_\_\_ **To:** \_\_\_/\_\_\_/\_\_\_ **Job Title/Position:**

**Company name and address:**

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**Supervisor's name and phone number:**

**Your job duties/responsibilities:**

**Ending salary:** \$ \_\_\_\_\_ per \_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_

**Reason for leaving:**

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**Supervisor's name and phone number:**

**Your job duties/responsibilities:**

**Ending salary:** \$ \_\_\_\_\_ per \_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_

**Reason for leaving:**

## EDUCATION AND TRAINING

Did you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_

Name/location of high school:

If no, have you passed a high school equivalency or GED test? Yes \_\_\_\_\_ No \_\_\_\_\_

**Skills and Qualifications:**

Office equipment:

Computer software:

Other skills, qualifications and experience:

**Training beyond high school: College, university, technical, nursing, business college or other schools you have attended.**

Name/location of school:

Field of study: \_\_\_\_\_

Type of degree received:

Credits earned:

GPA:

Describe any education or training you have received which is not covered above, such as vocational school, correspondence courses, service schools, police academy or in-service training. Please provide dates.

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The Town of Freedom is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**Applicant, please read carefully and sign below. Applications which are incomplete or illegible will not be considered.**

### APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Town of Freedom to verify their accuracy and to obtain reference information on my work performance. I hereby release the Town of Freedom from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_