

APPLICATION FOR EMPLOYMENT VILLAGE OF WEST MILWAUKEE

PLEASE PRINT

PERSONAL INFORMATION

NAME

LAST

FIRST

MIDDLE

DATE OF BIRTH

PRESENT ADDRESS

STREET, P.O. BOX, APT.

CITY

STATE

ZIP

SOCIAL SECURITY

PHONE NUMBERS

()

()

RESIDENCE/CELL

BUSINESS

REFERRED BY

EMPLOYMENT DESIRED

TEMPORARY SUMMER HIRE

\$10.68

POSITION

DATE YOU CAN START

SALARY DESIRED

YES NO ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

YES NO HAVE YOU EVER APPLIED TO THE VILLAGE BEFORE? _____ WHEN?

EDUCATION

NAME OF SCHOOL/LOCATION	DATE		DATE		SUBJECTS
	FROM	TO	FROM	TO	
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

WHAT FOREIGN LANGUAGE DO YOU SPEAK FLUENTLY?

READ

WRITE

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL
GUARD OR SERVICE

FORMER EMPLOYERS

(LIST BELOW ALL EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME & ADDRESS OF EMPLOYER	DATES		SALARY	POSITION/ KIND OF WORK	REASON FOR LEAVING
	FROM	TO			

REFERENCES

GIVE BELOW THE NAMES OF THE THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME & ADDRESS/BUSINESS	NAME & ADDRESS	YEARS ACQUAINTED	OCCUPATION

PHYSICAL RECORD

YES NO DO YOU HAVE THE ABILITY TO PERFORM ALL OF THE JOB FUNCTIONS? IF NOT, DESCRIBE WHAT FUNCTIONS YOU CANNOT PERFORM AND WHAT ACCOMMODATIONS WOULD MAKE PERFORMANCE POSSIBLE.

IN CASE OF EMERGENCY NOTIFY

NAME _____ ADDRESS _____ PHONE () _____ - _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE: _____

SIGNATURE: _____