APPLICATION FOR EMPLOYMENT VILLAGE OF WEST MILWAUKEE

IMPORTANT: Read the following instructions carefully before filling out your application. The information you give will be used to determine your qualifications for employment. Please type or print neatly in ink. The Village of West Milwaukee is an equal opportunity employer.

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Position:	Full-Time Equipment Oper	ator/Laborer		Availabl	e Start Da	te:			
Name:									
	(Last)	(First)			(Middle)			
-	r name used (Maiden/Alias):								
Address:									
	(Street)								
	(City)	(State)			(Zip)				
Phone Number: Home/Cell			Alternate #						
Social Se	curity Number:		Date of Birth:		:				
Are you a	at least 18 years old?	Yes		No			_		
	ave the legal right to live and verguires use of a motor vehicle. Yes No			consin Di	Yes		No		
	ave a valid CDL License? i in the U.S. Armed Forces?	Yes Yes	=	No No					
	duty: From	To							
	(Month/Year)	(Mont	th/Year)	_				
EDUCA	TION AND TRAINING:								
High School: Circle highest grade completed 9 10 11 12		Name and location GED	Name and location of High School or GED			Do you have a High School Diploma or GED Equivalency?			
		Year Graduated	l:			Yes	S		No
(College	or University, Business Colleg	e, or other schools y	you hav	e attende	<u>ed)</u>				
Name and	d location	Dates Attended		luated	Major	Deg	gree/Ye	ar	
				Yes No					
				Yes					
				No					
				Yes					
				No					

EMPLOYMENT HISTORY

Give a complete record of any employment, self-employment, or military service you have had in the past ten years. You may include positions beyond the ten year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position.

ALTHOUGH RESUMES ARE WELCOME, THEY MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUESTED BELOW.

Present/Most Recent Employer	Address of Business (Street & City)	Kind of Business		
Your Title	Reason for leaving or considering leaving	Name, Title, # for Supervisor		
Your Duties		From Date (Mo & Yr) To Da (Mo & Yr)		
		Full-Time		
		Part-Time		
		Salary/Hourly Rate		
		Starting \$		
		Ending \$		
Employer (2)	Address of Business (Street & City)	Kind of Business		
Your Title	Reason for leaving or considering leaving	Name, Title, # for Supervisor		
Your Duties		From Date (Mo & Yr) To Date (Mo & Yr)		
		Full-Time		
		Part-Time		
		Salary/Hourly Rate		
		Starting \$		
		Ending \$		
Employer (3)	Address of Business (Street & City)	Kind of Business		
Your Title	Reason for leaving or considering leaving	Name, Title, # for Supervisor		
Your Duties		From Date (Mo & Yr) To Date (Mo & Yr)		
		Full-Time		
		Part-Time		
		Salary/Hourly Rate		
		Starting \$		
		Ending \$		

Employer (4)	Addres	ss of Business (Street & City)	Kind of Business		
Your Title	Reasor	for leaving or considering leaving	Name, Title, # for Supervisor		
Your Duties			From Date (Mo & Yr) To Date (Mo & Yr)		
			Full-Time		
			Part-Time		
			Salary/Hourly Rate		
			Starting \$		
			Ending \$		
Use a separate sheet for	any additional qu	nalifying employment data, using			
· ·	•	add regarding the employment lis	sted above? Include any relevant		
licenses, certificates, trai	ning or volunteer w	ork.			
ADDITIONAL INFORM	AATION: (List on)	machines or equipment you can o	prorete such as office machines		
construction equipment,	•	machines of equipment you can o	operate such as office machines,		
1 1	,				
		on of law other than minor traffic	violations?		
Yes If yes, what was the conv	No viction when when	a and panalty impaced?			
ii yes, what was the conv	riction, when, wher	e and penalty imposed?			
Have you applied with the	ne Village before?	Yes	No		
If yes, what position?					
REFERENCES (EMPLO	YMENT AND PR	OFESSIONAL)			
Name	Title	Company	Phone		
	i i	I	•		

CERTIFICATION AND AGREEMENT		
Qualified applicants are considered for employn	nent, and employees ar	re treated fairly during employment,
without regard to race, color, religion, sex, natio	onal origin, age, marital	1 status, medical condition or handicap.
I certify that answers given to the foregoing que	stions and statements a	are true and complete to the best of my
knowledge. I understand and agree that any mis dismissal.	statements or omission	subjects me to disqualification or
I authorize the Village of West Milwaukee to me character, qualifications and medical history as a hereby release all employers, companies, school made in connection with my application.	may be necessary in ar	riving at an employment decision. I
I further understand that in the event of employr depends upon me successfully performing work		
Name		Date
Emergency Contact:		
Name:	Phone Number:	
Relationship:		
Any Additional Information:		
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