TOWN OF LITTLE SUAMICO



Employment Application

	Арріі	icant Information							
Full Name:				Date:					
Address:	Last	First	M.I.						
Address.	Street Address			Apartment/Unit #					
	City	State		ZIP Code					
Phone: ()	E-mail Address:							
Date Available:	Social Security #:			Desired Salary: \$					
Position Applied									
Are you legally authorized to work in the United States?		NO If no, please exp	lain:						
Have you ever	worked for this company?	NO If so, when? NO							
Have you ever l	<u> </u>								
Education									
High School:	Add	lress:							
Ü	Did you gradua	YES NO							
College:	Add	lress:							
	Did you gradua	YES NO Le?	Degree: _						
Other:	Add	lress:							
	Did you gradua	YES NO Le?	Degree: _						
		References							
Please list thre	e professional references.								
Full Name:		Relationship:							
Company:			Phone: _	()					
Address:									
Full Name:	Relationship:								
Company:			Phone:	()					
Address:									
Full Name:									
Company:				()					
Address:									

TOWN OF LITTLE SUAMICO



	Previous Employment	(List most re	ecent firs	st)	
Company:		Phone:	_()	
Address:		Sı	upervisor:		
Job Title:	Starting Salary:	\$		Ending Salary:	\$
Responsibilities:	D (
From: To:	Reason for Leaving:	\/F0			
May we contact your previous	supervisor for a reference?	YES	NO		
Company:		Phone:)	
Address:		Su	upervisor:		
Job Title:	Starting Salary:	\$		Ending Salary:	\$
Responsibilities:					
From: To:	Reason for Leaving:				
May we contact your previous	supervisor for a reference?	YES	NO		
Company:		Phone:	_()	
Job Title:	Starting Salary:	\$		Ending Salary:	\$
Responsibilities:					
From: To:	Reason for Leaving:				
May we contact your previous	supervisor for a reference?	YES	NO		
Co	onfidentiality Statement / Opt	ional Persor	nal Inforn	nation	
In the course of Town employmentact with and/or obtain confiction following optional personal information requested, I understand that an screening.	ent, an employee may be gran dential information that is prote ormation, I consent to a basic b	nted access to ected by law in eackground ch	o municipa n the Stat heck by th	al buildings and e of Wisconsin. e Town of Little	By providing the Suamico. If
Date of Birth:	License:				
	State	DL#			
	Disclaimer and				
I certify that my answers are tru understand that false or mislead understand that if offered emplo	ding information in my applicati	ion or intervie	w may re	sult in my releas	