

Village of La Farge
105 W Main St.
La Farge, Wisconsin 54639
608-625-4422
vglaf@mwt.net



VILLAGE OF LA FARGE

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-related medical condition or handicap, or any other legally protected status.

Date of application _____

Position Applied For _____

Name _____

Last First Middle

Address _____

Number Street City State Zip Code

Phone Number _____ Social Security Number _____

Have you been employed by the Village before? yes no

What are you available to work? Full Time Part Time Shift

Are you over 18? yes no Are you a citizen of the U.S.? yes no

Are you on lay-off and subject to recall? yes no

Can you travel if a job requires it? yes no

Do you have a valid Driver's License? yes no

Do any of your relatives work for the Village? yes no

If yes, list name, relationship, and department _____

Have you been convicted of a felony within the last 7 years? yes no

If yes, please explain _____

(Conviction will not necessarily disqualify an applicant from employment)

Do you have any criminal charges pending? Other than minor traffic violations? yes no

(Pending criminal charges are not an automatic bar to employment. Each case is considered on its merits.)

Employment Experience

List each job held, start with present or last job.

Employer _____ Job Title _____

Dates of employment: from _____ to _____ Hourly Rate _____

Work Performed _____

Reason for Leaving _____

Employer _____ Job Title _____

Dates of employment: from _____ to _____ Hourly Rate _____

Work Performed _____

Reason for Leaving _____

Employer _____ Job Title _____

Dates of employment: from _____ to _____ Hourly Rate _____

Work Performed _____

Reason for Leaving _____

State any additional information you feel may be helpful to us in considering your application.

Education

Circle the highest grade or year completed in school

1 2 3 4 5 6 7 8 9 10 11 12

List College or University attended

Number of years attended 1 2 3 4 5 6 7 8

Credits Earned _____ Major _____ Degree Conferred _____

List any other Training or Schools attended: _____

List any special skills or qualifications: _____

Are you prevented from lawfully becoming employed in this country? yes no

(Proof of citizenship or immigration status will be required upon employment.)

List office equipment you can skillfully operate: _____

Do you have any bookkeeping skills? Please explain. _____

References

Please give name, relationship, address, and phone number of three references not related to you.

- 1. _____
- 2. _____
- 3. _____

Are you able to perform all the functions and duties of the job you are applying for? yes no

If no, please identify which essential functions you are unable to perform. _____

Authorization and Acknowledgement for Employment with the Village of La Farge

I certify that the answers given by me in this application are true and correct without omission of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that the Village of La Farge shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities, or persons to give to the Village of La Farge any information requested regarding my employment, character, experience, and qualifications and/or suitability for employment with the Village of La Farge, including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

Applicant's Signature

Date