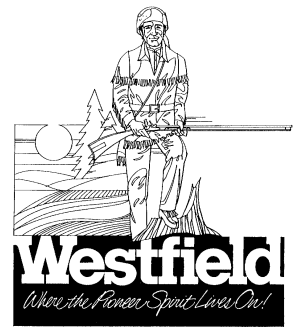


# VILLAGE OF WESTFIELD

129 E. THIRD STREET  
 P.O. BOX 250  
 WESTFIELD, WI 53964  
 608.296.2363

[www.villageofwestfieldwi.com](http://www.villageofwestfieldwi.com)



## Employment Application

The Village of Westfield is an equal opportunity employer; it is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, creed, color, national origin, religion, age, sex, marital status, or physical handicap, except where a reasonable, bona-fide occupational qualification exists.

Please type or print legibly in ink – if more space is needed attach additional paper.

APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available				Social Security No.				Desired Salary				
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
DRIVERS LICENSE												
Do you have a valid driver's license?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have a valid CDL?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
What State?												

**REFERENCES***Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT – IF AVAILABLE PLEASE ATTATCH YOUR RESUME TO THIS APPLICATION**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**COMMENTS – List any comments, special skills or qualifying statements you care to make:**

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**MILITARY SERVICE**

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

**DISCLAIMER AND SIGNATURE**

**Please read carefully before signing. If you have any questions regarding the following statements, please ask.**

1. I certify that to the best of my knowledge and belief, the answers given by me in the forgoing questions and the statements are correct and complete. I understand that any omissions, misleading or false information contained in this application may result in my immediate discharge. I agree that the Village of Westfield shall not be held liable in any respect in my employment is terminated because of false statement, answers or omissions made by me in this application.
2. I also authorize pertinent companies, schools, agencies, police departments or persons to give any information requested regarding my employment, character, experience, qualification and/or suitability for employment. 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 I will not request copies of such information. In addition, a copy of this authorization is valid as the original and should be recognized as such.
3. I understand that any offer of employment or continued employment, if hired, may be conditioned upon passing a physical examination, including substance abuse screening. Refusal to participate will result in termination or denial of employment.
4. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice.

This application is current for 6 months. Incomplete applications will not be processed.

Signature

Date