

TOWN OF BARNES
APPLICATION FOR EMPLOYMENT



PLEASE PRINT OR TYPE

GENERAL INFORMATION

Position applying for: _____ What date can you begin? _____

Name: _____ Home Phone: (____)____-_____
Last First Middle Initial

Address: _____ Alternate Phone: (____)____-_____
Street

City State Zip May we contact you at work? Yes No
What is the best time to call At work: _____?

Driver's License Number: _____ E-Mail Address: _____
(If required for job) Emergency contact: Name _____

Do you have current automobile liability insurance? Yes No
(If required for job) _____
(Relationship and phone number)

Have you ever been convicted of a criminal act?
 Yes No A criminal conviction is a bar to employment **only** if it is related to the job for which applied.
If yes, please explain: _____

Is your age under 18? Yes No

Have you filed an employment application with the Town of Barnes in the past? Yes No

Have you ever been a Town of Barnes employee? Yes No

If yes, when / what departments: _____

Reasons for leaving: _____

Names of any Town of Barnes employees or officials that you are related to or are living with: _____
Relationship: _____

Are you available to work weekends? Yes No - If no, please explain: _____

Are there any times during the day that you are unable to work? Yes No - If yes, please explain: _____

Are you willing to be called in for emergencies? Yes No

Are you willing to receive special training for this position? Yes No

Position Questionnaire Form B required? Yes No (See attached TOB-Form B-Employment History- Pages 1 and 2).

Applicant will be informed on whether or not this form is required, at time of application.

I agree that the information given by me on this application is true and correct and without omissions to the best of my knowledge. I understand and agree that any misrepresentation or deliberate omission of a fact during the application process may result in a rejection of my application or if employed, a termination from employment.

Date: _____ Signature: _____

RETURN COMPLETED APPLICATION TO:

Barnes Town Clerk
3360 CTY HWY N
Barnes, WI 54873

THE TOWN OF BARNES IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, creed, sex, national origin, age, ancestry, marital status, the presence of a non-job related medical condition or disability, sexual orientation, arrest record, conviction record, membership in the National Guard, state defense force, or any other reserve component of the military forces of the United States or this state, or the use or non-use of lawful products off the employer's premise during non-working hours, or any other legally protected status.

FORM B EMPLOYMENT HISTORY

Begin with the most recent employment history-at least the past ten years.

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Company Name	Address - City	State	Zip	Area Code	Phone Number
Specific Duties					
Job Title	Supervisor	Employed From:	To:		
Reason for leaving employment					

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Company Name	Address - City	State	Zip	Area Code	Phone Number
Specific Duties					
Job Title	Supervisor	Employed From:	To:		

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Company Name	Address - City	State	Zip	Area Code	Phone Number
Specific Duties					
Job Title	Supervisor	Employed From:	To:		
Reason for leaving employment					

May we contact the employers listed? Yes No
 If no, indicate the one/s you do not wish us to contact. _____

EDUCATIONAL BACKGROUND

High School: _____

Name of School	Address	Last grade completed/ Year graduated
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College: _____

Name of school	Address	Years completed/ Degree(s) earned
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Graduate Degrees: _____

Name of school	Address	Degree(s) earned
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Technical: _____

Name of school	Address	Years completed/ Degree(s) earned
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License/s or Certification/s Held: _____

Type of license or certification	Date of validation
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Are there any other experiences, skills or qualifications which you think would especially qualify you for employment with the town? _____

PERSONAL REFERENCES
NOT RELATIVES

NAME

ADDRESS

TELEPHONE NUMBER

ADDITIONAL INFORMATION
LIST BY HEADING AND NUMBER

CERTIFICATION

I certify that the information given by me on this application is true and correct and without omissions to the best of my knowledge. I understand and agree that any misrepresentation or deliberate omission of a fact during the application process may result in a rejection of my application or if employed, a termination from employment.

I agree that my employment may be terminated by the Town of Barnes at any time during probation without liability for wages or salary except such as that have been earned at the date of such termination unless otherwise agreed to in writing.

Receipt of the application by the Town of Barnes for consideration does not constitute a promise to interview, to offer or an offer of employment with the Town of Barnes.

Date: _____ Signature: _____