

Employment History

Begin with most current or most recent employer

From (Mo/Yr): / To: /	Employer's Name and Address:
Position Title or Job Classification:	
Duties:	
Reason for Leaving:	Supervisor's Name & Telephone:
Annual Salary/Wages:	

May we contact your current employer/supervisor? Yes No

From (Mo/Yr): / To: /	Employer's Name and Address:
Position Title or Job Classification:	
Duties:	
Reason for Leaving:	Supervisor's Name & Telephone:
Annual Salary/Wages:	

From (Mo/Yr): / To: /	Employer's Name and Address:
Position Title or Job Classification:	
Duties:	
Reason for Leaving:	Supervisor's Name & Telephone:
Annual Salary/Wages:	

Military Service

Branch of Service	Mo/Yr Served		Active Duty Or Reserve	Highest Grade	Skill Specialty or Primary Duty
	From	To			

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

References

Name:	Address:
Position/Title/Profession:	
	Telephone:

Approximately how many years has this individual known you?

Name:	Address:
Position/Title/Profession:	
	Telephone:

Approximately how many years has this individual known you?

Name:	Address:
Position/Title/Profession:	
	Telephone:

Approximately how many years has this individual known you?

Supplementary Information

Position applied for:

Are you now or were you ever employed by this Township? Yes No

 If yes, in what position?

From: / To: / Reason for leaving:

List any relatives employed by or currently holding an appointive or elective position in this Township:

Are you 18 years of age or older? Yes No

Do you have a valid Wisconsin driver's license? Yes No

 A valid Wisconsin driver's license is considered only when it relates to the duties of
 the position you have applied for.

Have you ever been convicted of a felony? Yes No

 If yes, please attach a separate sheet giving full information.

**APPLICANT
PLEASE READ CAREFULLY
AND SIGN BELOW**

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

Certification

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED BY THE TOWN OF GRAND CHUTE, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's Signature:

Date Signed:

For Police and Fire Commission Use Only

Date application received:

Application reviewed by:

Date:

Comments or action taken:

Application reviewed by:

Date:

Comments or action taken: