

Town of Sullivan: Employment Application

Applicant Information

Full Name: _____ Today's Date: _____

 Last First M.I.

Address: _____
 Street Address Apartment/Unit#

 City State Zip Code

Phone: _____ Email address: _____

Social Security No.: _____ Driver's License No.: _____

Position Applied For: _____ Desired Salary: _____

Date Available: _____

Are you a US Citizen? Y N If no, are you authorized to work in the U.S.? Y N

Have you ever worked for this company? Y N If so, when? _____

Have you ever been convicted of a felony? Y N If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ to: _____ Did you graduate? Y N

College: _____ Address: _____

From: _____ to: _____ Did you graduate? Y N

Other: _____ Address: _____

From: _____ to: _____ Did you graduate? Y N

References

Please list three professional references

Full Name: _____ Relationship: _____

Company: _____ Phone No.: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone No.: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone No.: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates Employed: From _____ to _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Y N

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates Employed: From _____ to _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Y N

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates Employed: From _____ to _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Y N

Military Service

Branch: _____ From: _____ to: _____

Rank at discharge: _____ Type of Discharge: _____

If other than honorable, please explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview my result in my release.

Signature _____ Date _____

Return to: Town of Sullivan, N3866 West Street, Sullivan, WI 53178 or email: townofsullivan@centurytel.net