TOWN OF SHEBOYGA	AN	Town of She 4020 Technology Sheboygan, WI Phone 920-45 Fax 920-451- www.townofshebo	Application for Employment An Equal Opportunity Employer July-21	
Name:				
Last	First	Middle	Home Phone:	Cell:
			Business Phone:	
Address:			Can we contact you	at this #? Yes No
City	State	Zip	E-mail Address	
Position Title:				
Full Time	Part-Time	On-Call/Relief Hours	т	Comportant//Limited Term Employment
		OII-Call/Relier Hours	I	emporary/Limited Term Employment
Are you legally eligible for em	nployment in the United	States Yes No	When will you be a	available for employment?
Are you at least 18 years of a	age?	Yes No		
The Town of Sheboygan ma	by the Town of Sheboyga ay prohibit employment of er's License? Yes mercial Driver's License eld License? Yes	an or serving as elected or appo f an individual if he/she would be No ? Yes No Type No Type	directly supervising or	Fown of Sheboygan: receiving direct supervision from a family member.
If currently licensed or registe	ered to practice in WI as	a member of some profession	or trade, indicate type	e of license or registration and number:
Have you ever been convicte If yes, please explain:		ion, misdemeanor or felony? Y	es No	
Are there any ordinance, felo	ony, or misdemeanor vio	lation charges presently pendin		No
If yes, please explain:				
	iolation or are any pendi	ing against you (including speed	ding violations, seatbe	elt violations, etc.) Yes No
If yes, please explain:		tuto on outomotic hor to omnlou		

Note: Any affirmative responses above do not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position. All positions require conviction or arrest information to evaluate circumstances of the offense.

S	pecia	l Skills:	
-	poola	ortino.	
	pecia	I OKIIIS.	

Typing Speed _____ WPM (words per minute)

List all computer software which you can operate skillfully:

L						
Education:						
Did you graduate from high school? Yes No	_ Name/locatio	on of school:				
If "no", have you passed a high school equivalency or G	ED test? Yes _	No	Location and d	late of test:		
Training beyond high school: college or university, nursi	ng, business col	llege or othe	r schools you have	e attended.		
	Dates At	ttended			Type of	
	(Month	/Year)	Presently		Degree	
College, University or School; Name and Location	From	Ťo	Attending	Major Field	(if rec'd)	GPA
			Yes			
			No			
			Yes			
			No			
			Yes			
			No			
			Yes No			
Describe any education or training you have had which i	s not covered a	bove; such a	as vocational schoo	ol, correspondence cou	rses, service scho	ools, in-
service training. Please provide dates.						

Work Experience: Give a complete record, from most current to least current, of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. Responses stating "See Resume" are not acceptable. All boxes must be completed regardless if you have attached a resume.

From (Month & Year)	Title of position held:		Primary Duties:			
To (Month & Year)	Employer's Name (Company)	Phone No.				
Hours Each Week:	Address; City, State, Zip					
Full Time	Name and Title of Supervisor					
Part Time						
Temp	Name & Title of Next Higher Superv	/isor				
Starting Salary:						
Last Salary:	No. of employees you supervised: _					
Were you involuntarily dis	 ccharged: Yes No					
If we contact your presen	t employer, will your position be endan	gered? Yes No				
Reason for leaving or cor	sidering change:					
	0 0					

From (Month & Year)	Title of position neia:		Primary Duties:
To (Month & Year)	Employer's Name (Company)	Phone No.	
Hours Each Week:	Address; City, State, Zip		
Full Time	Name and Title of Supervisor		
Part Time			
Temp	Name & Title of Next Higher Supervis	sor	
Starting Salary:			
Last Salary:	No. of employees you supervised:		
	 scharged: Yes No		
If we contact your preser	t employer, will your position be endange	ered? Yes No	
Reason for leaving or co	nsidering change:		
From (Month & Year)	Title of position held:		Primary Duties:
To (Month & Year)	Employer's Name (Company)	Phone No.	
Hours Each Week:	Address; City, State, Zip		
Full Time	Name and Title of Supervisor		
Part Time	······		
Temp	Name & Title of Next Higher Supervis	sor	
Starting Salary:			
Last Salary:	No. of employees you supervised:		
Were vou involuntarily di	 scharged: Yes No		
	it employer, will your position be endange	ered? Yes No	
Reason for leaving or co			
From (Month & Year)	Title of position held:		Primary Duties:
To (Month & Year)	Employer's Name (Company)	Phone No.	
Hours Each Week:	Address; City, State, Zip		
Full Time	Name and Title of Supervisor		———————————————————————————————————————
Part Time			
Temp	Name & Title of Next Higher Supervis	sor	
Starting Salary:			
Last Salary:	No. of employees you supervised:		
Were you involuntarilv di	 scharged: Yes No		
	it employer, will your position be endange	ered? Yes No	
Reason for leaving or co			
	Use a senarate sheet to continue with ad		

Primary Duties:

From (Month & Year)

Title of position held:

Have you ever been suspend	ded/discharged from any position? Ye	'es	No
If yes, please explain:			

Authorization and Certification

Read Carefully Before Signing:

I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I authorize any person contacted to provide the Town of Sheboygan any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include but not be limited to: application of employment; performance evaluations; work records; wage rates; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any misconduct. I release and hold harmless the Town of Sheboygan, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with the Town of Sheboygan. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the Town of Sheboygan and consent to the release of the test results to the Town of Sheboygan. I hereby release and hold harmless the Town of Sheboygan, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

I authorize the Town of Sheboygan, its officers, agents and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless the Town of Sheboygan, their officers, agents and employees and the person(s) providing the information, from any liability related to the performance or result of this check.

If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand that the Town of Sheboygan maintains a drug-free and violence-free workplace.

Applicant's Signature

Date

If you need reasonable accommodation anytime during the application process, please notify the Town of Sheboygan.

The Town of Sheboygan is committed to the equality of opportunity for all people. It is the policy of the Town of Sheboygan to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products **OFF** the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.

Supplemental Form - Seasonal Employment

Seasonal employees MUST be at least 18 years of age by date of hire.

Name:				
First		Middle Initial		Last
1. Are you available to work from	n April until the en	d of October? Yes	No	
2. If you are a current student, w	/ill you be attendin	g school in the fall?	Yes No	o
		asonal Maintenance /arious Town Parks and Gr		
 * General maintenance/cleaning * Experience and knowledge of a * Experience with basic cleaning * Landscaping, cutting grass on * Experience in operating power * Public contact, enforcement of * 20-hour position; hours may va * April through October * Valid driver's license required a * Lifting 75 pounds maximum wi * Ability to work in varied enviror 	outdoor maintenar g, maintenance of all Town property, lawnmowers, pow park/trail rules an ary to include week and a good driving th frequent lifting a	nce and landscaping of outdoor equipment ne ground maintenance ver tools and pickup tr d regulations. kends and holidays. record. and carrying of objects	cessary. , ball diamond: ucks.	s, volleyball courts, cleaning, etc. to 40 pounds.
If you are a student, please com School residence address:	plete the following	J:		
School resident phone:	()			
Spring break dates:			to	
Winter break dates:			to	
What is the earliest possible dat	e that you would b	e available to report to	o work if hired	?
If you are a current student:				
1. What date must you return to	school?			
2. What is the latest approximate	e date that you wo	ould be available to wo	ork?	
3. E-mail address:				
	Hi	ghway/Utilities Depa	rtment	

* Various positions include: construction flaggers for traffic control, general buildings and grounds maintenance, lift station cleaning, hydrant flushing, painting, trimming/cutting grass.

* Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

* Ability to work in varied environmental conditions.

* Work schedule: Summer : Mon-Thurs	6:00 a.m. to 4:00 p.m.	Winter: Mon-Fri	7:00 a.m. to 3:30 p.m.
--------------------------------------------	------------------------	-----------------	------------------------

* Driver's license required and good driving record.

This application and all information included pertains to and can be shared with all three entities listed below: The Town of Sheboygan; Sanitary District No. 2 (Sewer); Sanitary District No. 3 (Water)