



13600 Juneau Boulevard  
 Elm Grove, WI 53122  
 Phone: 1-262-782-6700  
 Fax: 1-262-782-8714

# Employment Application

We are an Equal Opportunity Employer

Date: \_\_\_\_\_

## Applicant Information

*Please print in ink. You must complete the entire application.*

Name (first, middle, last)

Address (street, city, state, zip code)

Day Telephone ( ) - Evening Telephone ( ) -

Are there other names under which you have worked or attended school?  Yes  No  
 If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S. ?  Yes  No  
 (If hired, you will be required to provide proof of work authorization)

Are you at least 18 years old?  Yes  No  
 If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?  Yes  No  
 If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.  
 (Convictions are not an automatic bar to employment)

Do you have any *pending* criminal charges against you?  Yes  No  
 If yes, describe the 1) nature of the charges 2) date issued, and 3) county and state where issued

Have you ever applied at the Village of Elm Grove before?  
 Yes  No If yes, when:

Have you ever worked for the Village of Elm Grove before?  
 Yes  No If yes, when:

Do you have any relatives that are currently employed by Village of Elm Grove?  Yes  No  
 If yes, please list name and relationship:

Position Applying For:	Part-Time or Full-Time Desired	Salary Preference	Shift Preference

When can you start?

Are you able to perform all the essential functions/duties of the position you are applying for? (Please refer to position description) If no, please identify which essential functions you could perform with reasonable accommodation:

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## Required Licenses

***If required to drive a motor vehicle for the job you are applying for, please state your:***

1) Driver's License #:

2) State issued:

*Full-time Public Works Positions require a CDL (commercial driver's license)*

Are you licensed with any group, association or society relating to the position for which you are applying?

Yes  No

If yes, specify: (License #, Expiration Date)

## Education

School	Name & Location (City, state)	# of Yr. Attended	Course of Study	Diploma or Degree Rec'd
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

## Training Courses

**Please list any relevant training programs completed:**

Course/Seminar	Sponsoring Organization	Content	Date(s) Attended

## Special Skills

If relevant, please describe word processing speed, software knowledge, and office equipment experience:

If relevant, please describe experience using manufacturing machines and equipment:

## Employment History (start with most recent; use separate sheet if necessary)

Name of Employer		Telephone: ( ) -
Address:		
Job Title:	Employment Dates (month/year)	
Name of Immediate Supervisor:	From:	To:
Description of Duties:		
Salary- start:	Salary- end:	Reason for leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer		Telephone: ( ) -
Address:		
Job Title:	Employment Dates (month/year)	
Name of Immediate Supervisor:	From:	To:
Description of Duties:		
Salary- start:	Salary- end:	Reason for leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer		Telephone: ( ) -
Address:		
Job Title:	Employment Dates (month/year)	
Name of Immediate Supervisor:	From:	To:
Description of Duties:		
Salary- start:	Salary- end:	Reason for leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Employment References

**List individuals familiar with your job qualifications (no relatives or personal friends)**

Name	Day Telephone (    )    -
	Evening Telephone (    )    -
Address	
Relationship	How long known?
Name	Day Telephone (    )    -
	Evening Telephone (    )    -
Address	
Relationship	How long known?
Name	Day Telephone (    )    -
	Evening Telephone (    )    -
Address	
Relationship	How long known?

### Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the Village of Elm Grove to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: if this is a job requirement, you will be notified).
4. Regardless of whether or not I become employed by the Village of Elm Grove, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the Village of Elm Grove's, unless specifically provided otherwise in a written employment contract.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your interest in the Village of Elm Grove.*

*Equal Employment Opportunity Policy Statement/Survey*

It is the policy of the Village of Elm Grove to provide equal employment opportunity to all individuals regardless of their race, color, religion, sex, age, national origin, disability, military and veteran status, sexual orientation, marital status, or any other characteristic protected by state or federal law. We are strongly committed to this policy, and believe in the concept and spirit of the law.

The Village of Elm Grove is committed to assuring that:

All recruiting, hiring, training, promotion, compensation and other employment related programs are provided fairly to all persons on an equal opportunity basis without regard to race, creed, color, religion, sex, age, national origin, disability, military and veteran status, sexual orientation, marital status or any other characteristic protected by law;

Employment decisions are based on the principles of equal opportunity.

All personnel actions such as compensation, benefits, transfers, training, and participation in social and recreational programs are administered without regard to race, creed, color, religion, sex, age, national origin, disability, military and veteran status, sexual orientation, marital status or any other characteristic protected by law, and;

Employees and applicants will not be subjected to harassment, intimidation, threats, coercion or discrimination because they have exercised any right protected by law.

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The Village of Elm Grove is required by federal regulations to report information as requested below. Your contribution of this information is **completely voluntary**. The information you provide is strictly confidential and will be maintained separate from you application.

Please Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Indicate the appropriate race/ethnic group:		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaska Native	
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How were referred to the Village of Elm Grove?		
<input type="checkbox"/> Agency	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Friend/Relative_____
<input type="checkbox"/> Newspaper	<input type="checkbox"/> School	<input type="checkbox"/> Other_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_