



13600 Juneau Blvd
 Elm Grove, WI 53122
 Phone: (262) 782-6700
 Fax: (262) 782-8714

Employment Application

We are an Equal Opportunity Employer

Date: _____

Applicant Information

Name (first, middle, last)	
Address (street, city, state, zip code)	
Telephone (mobile)	Telephone (home)
Email Address	
Are there other names under which you have worked or attended school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list for reference checking purposes.	
Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, you will be required to provide proof of work authorization	
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, when:
Do you have any relatives that are currently employed by Village of Elm Grove? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list name and relationship:	

Position Applying For

Part-Time	Full-Time desired	Salary Preference	Shift Preference	Available start date
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:				

Required Licenses

If required to drive a motor vehicle for the job you are applying for, please list 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

	Name	Location (city/state)	Yrs Attended	Diploma/Degree Received	Field of Study
High School				Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	
College				Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	
Other (specify)				Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	

Training Courses

Please list any relevant training programs completed

Course/Seminar	Sponsoring Organization	Content Description	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		
Starting salary	Ending salary	Reason for leaving
If currently employed, may we contact as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Employer	Telephone	
Address		
Job Title	Employment dates (month/year)	
Name of Immediate Supervisor	From: To:	
Description of Duties		
Starting salary	Ending salary	Reason for leaving
If currently employed, may we contact as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Employer	Telephone	
Address		
Job Title	Employment dates (month/year)	
Name of Immediate Supervisor	From: To:	
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Name of Employer	Telephone	
Address		
Job Title	Employment dates (month/year)	
Name of Immediate Supervisor	From: To:	
Description of Duties		
Starting salary	Ending salary	Reason for leaving
If currently employed, may we contact as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employment References

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

Name

Telephone (mobile)

Telephone (mobile)

Address

Relationship

Time known

Name

Telephone (mobile)

Telephone (home)

Address

Relationship

Time known

Name

Telephone (mobile)

Telephone (home)

Address

Relationship

Time 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.

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	Male	Female
Indicate the appropriate race/ethnic group		
White	Hispanic	Asian/Pacific Islander
Black/African American	American Indian/Alaska Native	
Are you a veteran?	Yes	No
How were you referred to the Village of Elm Grove		
Agency	Walk-in	Friend/Rel
Newspaper	School	Other

Signature

Date