

TOWN OF MEDINA EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION AND RETURN TO:

TOWN OF MEDINA

**Town of Medina Clerk
634 State Road 19, P.O. Box 37
MARSHALL, WI. 53559-0037
Phone: (608) 219-3556
Email: clerk@townofmedina.org**

Application forms can be mailed, emailed or hand delivered to the Town Clerk. If the application is emailed a signature will be required in person before consideration for employment.

Application for position of:				
Last Name:		First Name		Middle Name
Present Street Address (number, street, city, State, Zip)				Home Phone Number ()
Mailing Address if Different than above (number, street, city, State, Zip)				Business Phone Number ()
Email Address:				
Are you a U.S. Citizen, or do you have an entry permit which allows you to work? [] Yes [] No		Are you at least 18 years of age? [] Yes [] No		Social Security No.
Have you ever been employed by the Town of Medina? [] Yes [] No When_____				
Have you ever been terminated for cause by the Town of Medina? [] Yes [] No				
Have you ever been terminated, discharged or resigned to avoid being discharged? [] Yes [] No				
Please indicate only those types of employment you would accept? [] Permanent (Full-Time) [] Limited Term Full-Time until [] Permanent (Part-Time) [] Limited Term Part-Time until				If the job requires weekends and nights, would you be willing to accept it? [] Yes [] No
What date would be available to start work?		What days are you NOT available for work?		What hours are you NOT available for work?
Do you have a valid driver's license? [] yes [] no	If "yes" give driver's license number:		State	Expiration date
Do you a valid CDL? [] yes [] no				

Since your 18th birthday, have you EVER been convicted of any violations of law (or, as a juvenile, been waived into adult court and convicted) or are you now subject to a pending charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or conviction by a military court-martial. In accordance with State law and Town Ordinances, pending criminal charges or any convictions will not be used or considered unless they are substantially related to circumstances of the particular job.

[] Yes [] No Explain: (if necessary attach a separate sheet of paper with further detail.)

NOTE: The Town of Medina routinely verifies conviction, driving and other information listed on this application. If you do not respond correctly or if you commit errors of omission of fact, either intentionally or unintentionally, you will not be eligible for Town of Medina employment Failure to admit convictions will result in disqualification. If you are a Town Employee, you will not be eligible to apply for promotion, competitive demotion or transfer for a period of twelve (12) months from the date of the disqualifying application. Additionally, Town employees may be subject to disciplinary action up to and including termination. If you are unsure of how to respond to this or any other question, *IT IS YOUR RESPONSIBILITY* to check with the Clerk for information/clarification

PROFESSIONAL REFERENCES (Optional for non-professional positions)

Name	Address	Phone No.
Name	Address	Phone No.
Name	Address	Phone No.

EDUCATION AND TRAINING

Grammar & High School Circle highest year completed 1 2 3 4 5 6 7 8 9 10 11 12	Name & Location of High School	Year Graduated	Do you have a GED or High School Equivalency Diploma? [] Yes [] No [] n/a
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TRAINING BEYOND HIGH SCHOOL (College or University, Business College or other Schools you have attended) Undergraduate credits earned, indicate "Q" for Quarter hours and "S" for Semester hours	Circle the Number of Years in College or University 1 2 3 4 5 6 7 8
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Name & Location of Institution	Dates Attended From - To	Credits	Major	GPA/Base	Degree conferred & year

WORK EXPERIENCE Provide a complete description of your job duties. This information will be used to determine if you meet the minimum job qualifications. Be specific. Start with your most recent job. List ALL of your employment history. (Additional employment data may be attached on a separate sheet.) For part-time work, show the average number of hours per month, indicate any changes in job title under the same employer as a separate position. VOLUNTEER WORK EXPERIENCE TO BE CONSIDERED MUST INCLUDE NAMES OF INDIVIDUALS TO VERIFY TYPE OF WORK, HOURS WORKED, ETC.

Employer	Kind of Business	Location (City, State, Zip code)
Your Title	Reason for Leaving	Name, Address & Phone No of Supervisor:
Your duties:	<p style="text-align: center;">TOTAL LENGTH OF TIME EMPLOYED</p> <p>FULL-TIME: Hrs p/wk _____ # of Yrs. _____ Mos.</p> <p>PART-TIME: Hrs p/wk _____ # of Yrs. _____ Mos.</p> <p><u>FROM:</u> (Month & Yr) _____ <u>TO:</u> _____(Month & Yr)</p> <p>MONTHLY SALARY: Beginning \$ _____ Ending \$ _____</p>	
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Your Title	Reason for Leaving	Name, Address & Phone No. Of Supervisor:
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Describe any education, training or work experience not covered above, (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)

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 being 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, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's Signature:

Date Signed:

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of _____ not be revealed without my consent or until required under law.

Applicant's Signature:

Date Signed: