## Village of Spring Green

## **EMPLOYMENT APPLICATION**

The Village of Spring Green is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

154 N Lexington Street PO Box 158 Spring Green, WI 53588

(608) 588-2335 - phone (608) 588-3808 - fax

PERSONAL					
Last Name	First	Middle Initial	Social Security #		
Other Name(s) Used			Home Telephone #		
Address			Business or Message #		
Position Applying For	Referred By	7	Salary Desired		
Have you ever interviewed with the Village or its affiliates before? ☐ Yes☐ No		If yes, list date(s), job title(s) & location(s)			
Have you ever been employed by the Village or its affiliates before? ☐ Yes☐ No		If yes, list date(s), job title(s) & location(s)			
Do you have any relatives employed by the Village or its affiliates? ☐ Yes☐ No		If yes, list date(s), job title(s) & location(s)			
Are you at least 18 years old?  ☐ Yes□ No		If under 18, do you have a work permit?			
		1			
EDUCATION					
Circle Highest Grade Completed: High School College, Tra Graduate Str		nde or Business 1	0 11 12 2 3 4		
School	Address	Major Studi	es Degree, Diploma, License or Certificate		
High School					
College/University					
Vocational, Business, Other					
List Any Professional Designations					
Other Special Knowledge, Skills or Qualifications					
For Clerical Applicants Only:					
Do you type? ☐ Yes	Yes □ No If yes, WPM:				
Computer Skills (Hardware/Software)					

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name	Supervisor Name	Starting Salary		
Employed Until	Employer Address	Supervisor Phone #	Ending Salary		
Job Title		Reason for Leaving			
Duties & Responsibilities					
Employed From	Employer Name	Supervisor Name	Starting Salary		
Employed Until	Employer Address	Supervisor Phone #	Ending Salary		
Job Title		Reason for Leaving			
Duties & Responsibil	lities				
		T	Т		
Employed From	Employer Name	Supervisor Name	Starting Salary		
Employed Until	Employer Address	Supervisor Phone #	Ending Salary		
Job Title		Reason for Leaving			
Duties & Responsibilities					
Employed From	Employer Name	Supervisor Name	Starting Salary		
Employed Until	Employer Address	Supervisor Phone #	Ending Salary		
Job Title		Reason for Leaving			
Duties & Responsibilities					

GENI	ERAL	
Yes	No	
		May we contact your current employer for references?
		If hired, will you be able to work overtime?
CERT	'IFICA'	TION & AUTHORIZATION
	Village false or	ove information is true and correct. I understand that, in the event of my employment by the s, I shall be subject to dismissal if any information that I have given in this application is a misleading or if I have failed to give any information herein requested, regardless of the apsed after discovery.
	reference former the Vil informa	rize the Village to inquire into my educational, professional and past employment history ces as needed to research my qualifications for this position. I hereby give my consent to any employer to provide employment-related information about me to the Village and will hold lage and my former employer harmless from any claim made on the basis that such ation about me was provided or that any employment decision was made on the basis of such ation. I further authorize the Village to obtain any credit and consumer check.
	subseque myself contrary termina	rstand that nothing in this employment application, the granting of an interview or my uent employment with the Village is intended to create an employment contract between and the Village under which my employment could be terminated only for cause. On the y I understand and agree that, if hired, my employment will be terminable at will and may be uted by the Village or me at any time and for any reason. I understand that no person has any ty to enter into any agreement contrary to the foregoing.
	work in	oyed, I will be required to provide original documents which verify my identity and right to a the United States under the Immigration Reform and Control Act (IRCA) of 1986. The ent(s) provided will be used for completion of Form I-9.
	I hereb	y acknowledge that I have read and agree to the above statements.

Date

Signature