



Town of Polk
3680 State Hwy 60
Slinger WI 53086
262.677.2123
townofpolk@att.net

EMPLOYMENT APPLICATION

Please read this before filling out this application

The Town of Polk does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, gender or age. No question in this application is intended to secure information to be used for such discrimination.

All questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL

Name _____
Last First Middle

Address _____
Number Street City/Town State Zip Code

Mailing Address _____
(If different) PO Box or Street Address City/Town State Zip Code

Telephone (_____) _____ Social Security Number _____

Position(s) desired _____

Salary desired _____ Date Available _____

GENERAL INFORMATION

How were you referred to us? _____

Have you filed an application with The Town of Polk before? _____

If yes, give date: _____

Have you ever been employed by The Town of Polk before? _____

If yes, give date and department : _____

Are you employed now?: _____

May we contact your present employer?

☐ Immediately? _____

☐ After acceptance of employment? _____

☐ No. If no, please give reason _____

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Describe other training, certifications, licenses (CDL), etc. or experience applicable to the job you are seeking

If applying for a clerical position, please answer the following questions:

Are you proficient with with Microsoft Office? _____ Intuit QuickBooks? _____

Name other software programs you are familiar with: _____

EMPLOYMENT

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, gender or national origin.

#1

Employer: _____ Dates: From: _____ To: _____

Address: _____

Hourly rate/salary - Starting _____ Final _____

Job Title _____ Work Performed _____

Supervisor: _____ Telephone: _____

Reason for Leaving _____

#2

Employer: _____ Dates: From: _____ To: _____

Address: _____

Hourly rate/salary - Starting _____ Final _____

Job Title _____ Work Performed _____

Supervisor: _____ Telephone: _____

Reason for Leaving _____

#3

Employer: _____ Dates: From: _____ To: _____

Address: _____

Hourly rate/salary - Starting _____ Final _____

Job Title _____ Work Performed _____

Supervisor: _____ Telephone: _____

Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

Please list below the name of three professional or work-related references.

Name and Title	Company	Telephone	Years Acquainted
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AGREEMENT

Please read before signing:
I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

CERTIFICATION

I certify that all statements made in this statement are true, complete and correct to the best of my knowledge and belief, and made in good faith.

I authorize persons, schools, current employer and previous employers and organizations named in this application (and accompanying resume, if any) to provide The Town of Polk with any relevant information which may be required to arrive at any employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release The Town of Polk against any liability that might result from requesting such information.

Signature _____ Date _____