

Town of Hudson
 980 County Road A
 Hudson, WI 54016

APPLICATION FOR EMPLOYMENT

Do not complete this application form until you have read the instructions and information on page 5.

(PLEASE PRINT)

Position Applied For				Date of Application	
Last Name		First Name		Full Middle Name	
Address: Number	Street	City	State	Zip Code	
Home Phone		Work Phone		Social Security Number	

EDUCATION

Did you graduate from high school or complete a GED?
 Yes No Where? _____

What was the last grade completed (Check one of the following)
 7 8 9 10 11 12 / 13 14 15 16 17 18 19 20 20+
 High School College/Post High School

Date available for employment: _____

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING?
<input type="checkbox"/> Regular Full-time <input type="checkbox"/> Temporary Full-time <input type="checkbox"/> Regular Part-time <input type="checkbox"/> Temporary Part-time
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
MAY WE CONTACT YOUR FORMER EMPLOYERS? <input type="checkbox"/> Yes <input type="checkbox"/> No

NAME AND LOCATION OF COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	FROM (MM/YY)	TO (MM/YY)	QUARTER/ SEMESTER	TYPE DEGREE	DATE RECEIVED (MM/YY)	MAJOR SUBJECT	MINOR SUBJECT
NAME AND LOCATION OF BUSINESS, TRADE, TECHNICAL, OR VOCATIONAL SCHOOL	FROM (MM/YY)	TO (MM/YY)	FULL TIME	PART TIME	HOURS/WEEK	SUBJECT DATE CERTIFICATE RECEIVED	

Honors Received: _____

Employment Experience

Start with your **present** or **most recent** job. Indicate each promotional level of employment in a separate block- even if it was with the same company/agency. Provide a complete description of all qualifying experience. Account for all your time.

Employing Firm		Address		LENGTH OF EMPLOYMENT		
				From (MM/YY)		
Position		Supervisor		Telephone #		
				To (MM/YY)		
Major Duties:			% of Time	TOTAL (Yrs & Mo.)		
1.						
2.						
3.						
4.				Hrs/Week		
5.						
Number of people you supervised:		Reason for leaving:			Start Salary	
Machines/equipment you used:					Last Salary	
Employing Firm		Address		LENGTH OF EMPLOYMENT		
				From (MM/YY)		
Position		Supervisor		Telephone #		
				To (MM/YY)		
Major Duties:			% of Time	TOTAL (Yrs & Mo.)		
1.						
2.						
3.						
4.				Hrs/Week		
5.						
Number of people you supervised:		Reason for leaving:			Start Salary	
Machines/equipment you used:					Last Salary	
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				To (MM/YY)		
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Machines/equipment you used:					Last Salary	
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				To (MM/YY)		
Major Duties:			% of Time	TOTAL (Yrs & Mo.)		
1.						
2.						
3.						
4.				Hrs/Week		
5.						
Number of people you supervised:		Reason for leaving:			Start Salary	
Machines/equipment you used:					Last Salary	

ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE

Employing Firm		Address		LENGTH OF EMPLOYMENT	
Position		Supervisor		Telephone #	
Major Duties:		% of Time		TOTAL (Yrs & Mo.)	
1.					
2.					
3.					
4.				Hrs/Week	
5.					
Number of people you supervised:		Reason for leaving:		Start Salary	
Machines/equipment you used:				Last Salary	

LIST APPROPRIATE CERTIFICATES, REGISTRATIONS, OR OCCUPATIONAL LICENSES:

DESCRIPTION/NAME	NUMBER	EXPIRATION DATE
1.)		
2.)		
3.)		

If position **requires** a driver's license per the employment standards in the job description, please provide:

Driver's license number: _____ Class: _____ State: _____

Have you had any moving violations in the past five (5) years? Yes No

If yes, explain: _____

Your signature on this application form authorizes release of your driving record to determine your employment eligibility.

LIST VOLUNTEER AND UNPAID WORK EXPERIENCE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

Organization	
Type of Work	
Hours/Week	Length of Service
Organization	
Type of Work	
Hours/Week	Length of Service
Organization	
Type of Work	
Hours/Week	Length of Service

PLEASE LIST SPECIAL SKILLS RELATED TO THE WORK FOR WHICH YOU ARE APPLYING.

(If you are applying for a clerical position, please complete the "Clerical Skills Checklist" form)

Military Record

Have you ever been on active duty in the armed forces of the United States?

No Yes, highest rank attained: _____

Branch of Military Service	Serial Number	Dates of Active Duty	
		From (MM/DD/YY)	To (MM/DD/YY)

ASSOCIATED ACTIVITIES

<p>List professional, trade, business, or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.</i></p>

NON-EMPLOYER REFERENCES

<p>Give name, address, and telephone number of three references who are not related to you and are not previous employers.</p>
1.
2.
3.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment may be considered active for a period of time not to exceed six (6) months.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I understand that it is my responsibility to submit any changes in my availability or my address to the Personnel Office in writing.

Signature of Applicant

Date

INSTRUCTIONS FOR COMPLETEING APPLCIATION FORM

<p>If you do not give complete information you may be removed from further consideration. To ensure your application will be processed accurately, please complete the following:</p> <ol style="list-style-type: none"> 1. Fill out a separate application form for each job, unless otherwise directed in the job announcement. Do not submit photocopies of your application form. An original is requested for each job you apply for unless otherwise directed in the announcement. Sign your application form on page four (4). 2. Employment Experience Section: Be specific and complete. Applications that are not completed will be removed from further consideration. <ul style="list-style-type: none"> ▪ List each promotion as a separate job, even though it may have been with the same department or organization. ▪ If you need additional space, you may attach your own additional sheets; be sure to complete all the information that is requested on the application forms, i.e. employing firm title length of employment, total time, hours per week, etc. ▪ If the hours per week on a job vary, please use the average number of hours per week. ▪ In completing the Employment Experience section, include only paid experience; unpaid relevant experience should be listed on page three under Volunteer and Unpaid Experience. 	<ul style="list-style-type: none"> ▪ Part-time paid work experience is prorated to the number of hours worked. Use a 40-hour work week as the standard for full-time work. ▪ To receive proper credit, list the five most important and/or time-consuming duties and the percentage of time spent on each for each position. Do not include unimportant job duties which are performed only occasionally. <ol style="list-style-type: none"> 3. If you have a resume or other supporting materials, submit them with your application form 4. Applications received after the designated closing date will not be accepted 5. Your application and all supporting become property of the City of Hudson and cannot be returned. Work samples, letters of recommendation, placement folders, etc., should be submitted at the time of the application. To conserve file space all such materials will be destroyed unless it is essential to determine your training and experience ratings. However, you may bring such material to an actual employment interview. 6. The only adjustments you may make on your application form after the closing date are your name, address, and telephone number. 7. For a clerical position, please complete and return the "Clerical Skills Checklist."
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This application is to assist in the process of referring you to city agencies for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to city agencies where you may be considered for employment. Names of applicants and the applications become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it?
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause of rejecting an application.
Social Security Number	To distinguish you from all applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help ensure that we do not confuse your records with those of others.
Street Address Route or Box Number	To be able to send you notices.	Yes	Failure to provide information may be cause of rejecting an application.
Telephone Numbers	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Racial/Ethnic, Disability Status	To provide compliance with Equal Opportunity requirements and provide compliance with American Disabilities Act.	No	We Will not be able to determine whether our selection process results in unfair discrimination.
Conviction Records	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related conviction.	Yes	We will not be able to make determinations required by law.
Special Testing Procedures	To determine whether you need special training procedures.	No	Nothing, except, if you need test accommodations, we don't know about it.

NAME (LAST, FIRST, MIDDLE

THIS SECTION WILL BE DETACHED FROM YOUR APPLICATION.

NOTE: The information requested below will be reviewed and retained in order to process your application. Check **Yes** or **No** to question one (1) and provide information requested.

1. Have you ever been convicted for a violation of the law OTHER THAN a minor traffic ticket(s)? Yes No
If yes, provide details. (Non-job related convictions do not disqualify you from employment.)

2. Today's Date: _____

SEX Female Male

HOW DID YOU LEARN ABOUT THIS JOB?

- Private Employment Agency (name) _____
- Public Employment Agency (name) _____
- Newspaper (name) _____
- High School (name) _____
- College/Technical School (name) _____
- Walk-in _____
- Internet _____
- Announcement in professional journals, magazines (name) _____
- Contacted City Personnel _____
- City Employee Referral (name) _____
- Other: _____

THE TOWN OF HUDSON IS AN EQUAL OPPORTUNITY EMPLOYER

Policy Statement

It is the official policy of the Town of Hudson to provide an equal employment opportunities for all qualified and qualifiable persons without regard to race, color, religious, or political affiliation, sex, age, disability, sexual preference, arrest/conviction record, marital status, national origin, ancestry, or any other non-merit factors except where age, sex, or physical requirements constitute a bona fide occupational qualification. This policy is applicable to all phases of employment, including but not limited to job placement procedures, testing, training, layoff and recall, disciplinary action, termination, and all other personnel procedures. In short, all employment decisions will be made in order to further the principles of equal opportunity. Furthermore, hiring and promotional decisions will be made in accord with the principles of equal employment opportunity by imposing only valid requirements for hiring and promotional opportunities.

Please be advised that you may request needed accommodations for interviews, test, or demonstrations. A request shall be forwarded to the Town upon notification of the required interview, test, or demonstration.