

**APPLICATION FOR EMPLOYMENT**  
**TOWN OF FARMINGTON, LA CROSSE COUNTY**  
 N8309 COUNTY ROAD C (PO BOX 115), MINDORO, WI 54644  
 AN EQUAL OPPORTUNITY EMPLOYER

NAME				
Position Applying for:				
Date:				
	Last	First	M.I.	

Instructions: – The application **must be filled out completely even if a résumé is attached**. Failure to fill out the application completely may result in disqualification. – You may submit a résumé if you wish; however, do not include personal information relating to date of birth, gender, marital status, etc. – Return application to address above. – If you need accommodations for a disability during any state of the selection and interview process, contact the Town Chairman, 608-780-3391.

<b>Present Address:</b>					<b>Length of time resided:</b>
<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		

<b>Last Previous Address:</b>					<b>Length of time resided:</b>
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<b>Home Phone Number:</b> ( ) -	<b>E-Mail Address (if any):</b>
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**Number to reach you (or leave message) from 8:30am-5:00pm other than home phone:**  Cell  Work  Other: ( ) -

**Are you available to work:**  Full Time  Part Time  1st Shift  2nd Shift  3rd Shift  Temporary  Salary Expected:

**Have you been employed by Twn of Farmington before?**  Yes  No **If so, when, where and what name (if different than above)?**

**Are you currently employed?**  Yes  No **What date are you available for work?** **Are you over the age of 18?** Yes  No  **If required for the job, do you have access to a vehicle?** Yes  No  **Do you have a reliable method of transportation to get to work?** Yes  No

**Do you have a valid Driver's License?** Yes  State:  No  **Commercial Driver's License?** Yes  No  **Endorsements: List any**

**relatives working for the Town of Farmington or Board Members. Give name, relationship and department:**

<b>Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Duty? From</b> / / <b>to</b> /	<b>Are you a member of any Reserve?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Branch of Service?</b>	<b>Which Reserve Unit?</b>

**List computer software programs you can operate efficiently.**

**Complete this section only for office-type positions: List office machines you have operated and your typing speed:**

**Complete this section only for outdoor, maintenance or utility work: List type of tools and equipment you have used, i.e., plumbing, electrical, carpentry:**

EDUCATION	Name and School Location	Dates Attended		Graduated		Type of Degree	Course of Study	Grade Ave.
		From	To	Yes	No			
High School				<input type="checkbox"/>	<input type="checkbox"/>			
College/University		/	/	<input type="checkbox"/>	<input type="checkbox"/>			
Military School		/	/	<input type="checkbox"/>	<input type="checkbox"/>			

Other		/	/	<input type="checkbox"/>	<input type="checkbox"/>		
Certifications (Include Dates)							

Complete the second page of application

**EMPLOYMENT HISTORY & EXPERIENCE:** List all full and part-time jobs for the past 10 years. List your present job first. Use additional paper, if necessary. **Also list experience beyond ten years, if reasonably related.** All blanks must be completed even if you attach a résumé--Do not write 'see résumé' in the blanks. Include Military Service, if any. Information must be complete for us to determine your qualifications.

From Mo/Yr	To Mo/Yr	Employer's Name, Address and Phone Number	Title and Duties of Position	Supervisor's Name	Hrs Per Wk	Salary	Reason for Leaving
/	/						
/	/						
/	/						
/	/						

**REFERENCES:** List those people who have knowledge of your qualifications. *(Do not list relatives or supervisors which are listed above!)*

Name	Address	Telephone Number	Occupation	Relationship (friend, co-worker, supervisor, etc)

**A-**This application is true and complete. **B-**Falsification of application materials may result in applicant disqualification or termination if employed. **C-**I agree to submit to a physical examination including drug testing, if required, at the expense of Town of Farmington. **D-**I understand a criminal record check may be required. **E-**For one year from date, I authorize Town of Farmington to do a background and reference check and obtain information and records about me from: (1) any previous employer, (2) my present employer, (3) any educational institution, (4) any licensing authority, (5) any other reference. I hereby release any individual, institution or business, including its officers or employees from any and all liability for damages arising from a good faith attempt to comply with this authorization and release. *List, by number, exceptions to this blanket authorization* \_\_\_\_\_. **F-**A copy of this release is as good as the original.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature (Required)