

**APPLICATION FOR EMPLOYMENT
TOWN OF FARMINGTON, LA CROSSE COUNTY**

PO BOX 115, MINDORO, WI 54644
AN EQUAL OPPORTUNITY EMPLOYER

NAME			
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Position Applying for: Town Maintenance Worker
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.

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

Last Previous Address:				Length of time resided:
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Home Phone Number: () -	E-Mail Address (if any):
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Number to reach you (or leave message) from 8:30am-5:00pm other than home phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:	() -
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Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift <input type="checkbox"/> Temporary	Salary Expected:
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Have you been employed by Twn of Farmington before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when, where and what name (if different than above)?
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Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No What date are you available for work?	Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/> If required for the job, do you have access to a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a reliable method of transportation to get to work? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you have a valid Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No State: <input type="checkbox"/> Commercial Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsements: List any
relatives working for the Town of Farmington or Board Members. Give name, relationship and department:

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