

# Application For Employment

## Town of Madison

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

Position(s) Applied for: <input type="text"/>	Date of Application: <input type="text"/>
How Did You Learn About us? <input type="text"/>	

Last Name: <input type="text"/>	First Name: <input type="text"/>	MI.: <input type="text"/>	
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code <input type="text"/>
Home Phone: <input type="text"/>	Work Phone: <input type="text"/>	Cellular Phone: <input type="text"/>	
Pager: <input type="text"/>	Email Address: <input type="text"/>	Social Security Number: <input type="text"/>	

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever filed an application with us before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If YES, give date	<input type="text"/>
Have you ever been employed with us before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If YES, give date	<input type="text"/>
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On what date would you be available to work?	<input type="text"/>	
Are you available to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>		
Are you currently on "lay-off" status and subject to recall?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you travel if a job requires it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a crime within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please explain:	<input type="text"/>	

**WE ARE AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

### Specialized Skills

### Check Skills/Equipment Operated

Personal Computer ☐ Fax ☐ Calculator ☐ MS Excel ☐ MS Word ☐ MS Access ☐

Keyboard/Typing ☐ CPR \* ☐ EMT \* ☐ MRT \* ☐ \*License #

State any additional information you feel may be helpful to us in considering your application.

**Note to Applicants: *DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.***

Are you capable of performing, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes ☐ No ☐

### References

1.

Name

Phone

Address

2.

Name

Phone

Address

3.

Name

Phone

Address

### Relatives

If YES, list name and relationship:

Do you have any relatives currently working for the Town of Madison Yes ☐ No ☐

# Employment Experience

Start with your present or last job. Include any job-related military service, assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed		
			From	To			
	Address						
	Phone		Hourly Rate/ Salary				
	Job Title		Supervisor			Start	Final
	Reason for Leaving						
2.	Employer		Dates Employed		Work Performed		
			From	To			
	Address						
	Phone		Hourly Rate/ Salary				
	Job Title		Supervisor			Start	Final
	Reason for Leaving						
3.	Employer		Dates Employed		Work Performed		
			From	To			
	Address						
	Phone		Hourly Rate/ Salary				
	Job Title		Supervisor			Start	Final
	Reason for Leaving						
4.	Employer		Dates Employed		Work Performed		
			From	To			
	Address						
	Phone		Hourly Rate/ Salary				
	Job Title		Supervisor			Start	Final
	Reason for Leaving						

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

## List professional, trade, business or civic activities and offices held

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status


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# Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

# Applicant's Statement

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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 shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, or union contract, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of this organization.

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

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**Signature of Applicant**

**Date**

## **FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

**Arrange Interview**    **Yes**   ☐    **No**   ☐

**Remarks**

**Employed**    **Yes**   ☐    **No**   ☐

**Date of Employment**  

**Job Title:**       **Hourly Rate/Salary:**  

**Department:**  

**By:**       **Date:**