APPLICATION FOR EMPLOYMENT

Town of Lisbon
W234 N8676 Woodside Road
Lisbon, WI 53089

To Applicant: The Town of Lisbon appreciates your interest in a position with our organization. To facilitate a fair and impartial review of your qualifications, a clear understanding of your background and work history is necessary. **Please complete this form in its entirety. Please type or print.** The Town of Lisbon is an Equal Opportunity Employer.

PERSONAL INFORMATION

NAME:

STREET ADDRESS:

CITY:	HOME PHONE:
STATE:	ZIP:	BUSINESS PHONE:

E-MAIL:

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE					
COLLEGE					
BUSINESS / TRADE / TECHNICAL					
HIGH SCHOOL		NOT APPLICABLE			
ELEMENTARY		NOT APPLICABLE			N/A

MILITARY SERVICE

BRANCH OF SERVICE	MO/YR SERVED (FROM - TO)	ACTIVE DUTY OR RESERVE?	HIGHEST GRADE	SKILL SPECIALTY OR PRIMARY DUTY

LIST SPECIAL SCHOOLS ATTENDED/SKILLS ACQUIRED DURING MILITARY SERVICE:

REFERENCES (PLEASE DO NOT INCLUDE FORMER EMPLOYERS, RELATIVES, OR CLERGY)

NAME:	TELEPHONE:
OCCUPATION:	ADDRESS:

APPROXIMATELY HOW MANY YEARS HAVE YOU KNOWN THIS INDIVIDUAL?

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OCCUPATION:	ADDRESS:

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APPROXIMATELY HOW MANY YEARS HAVE YOU KNOWN THIS INDIVIDUAL?

ADDITIONAL INFORMATION

POSITION APPLIED FOR:

EMPLOYMENT DESIRED: ⊖ Full-Time   ⊖ Part-Time   ⊖ Temporary

ARE YOU NOW OR WERE YOU EVER EMPLOYED BY THIS TOWN? ⊖ YES   ⊖ NO
IF YES, WHAT POSITION?   FROM _____ TO _____
REASON FOR LEAVING?

LIST ANY RELATIVES EMPLOYED BY OR CURRENTLY HOLDING AN APPOINTIVE OR ELECTIVE POSITION IN THIS TOWN:

ADDITIONAL INFORMATION (CONTINUED)

HAVE YOU EVERY BEEN CONVICTED OF A FELONY WHICH SUBSTANTIALLY RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING? ⊖ YES ⊖ NO
IF YES, PLEASE ATTACH SEPARATE SHEET GIVING FULL INFORMATION.

IS THERE ANY OTHER INFORMATION, APPLICABLE TO THIS POSITION, THAT YOU WISH TO HAVE CONSIDERED AS PART OF YOUR APPLICATION FOR EMPLOYMENT? SUPPLEMENTAL INFORMATION MAY BE ATTACHED TO THE COMPLETED APPLICATION FORM IF NECESSARY.

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

I, the undersigned, hereby attest that the facts set forth in my application for employment with the Town of Lisbon are true and complete. I acknowledge that if employed by the Town of Lisbon, any false statement on this application may result in my immediate dismissal. I further acknowledge that this application is not and is not intended to be a contract of employment, nor does this application obligate the Town of Lisbon in any way if the employer decides to employ me. The completion of this form exclusively authorizes the Town of Lisbon to make investigation of my personal history through any investigative means consistent with the law.

_____   _____
Signature of Applicant   Date

OFFICE USE ONLY

REVIEWED BY: DATE:

COMMENTS:

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT)

FROM TO	EMPLOYER & ADDRESS:
JOB TITLE:	
DUTIES:	NAME OF SUPERVISOR & TELEPHONE:
	ANNUAL SALARY WAGES:
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER SUPERVISOR? ⊖ YES ⊖ NO	

FROM TO	EMPLOYER & ADDRESS:
JOB TITLE:	
DUTIES:	NAME OF SUPERVISOR & TELEPHONE:
	ANNUAL SALARY WAGES:
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER SUPERVISOR? ⊖ YES ⊖ NO	

FROM TO	EMPLOYER & ADDRESS:
JOB TITLE:	
DUTIES:	NAME OF SUPERVISOR & TELEPHONE:
	ANNUAL SALARY WAGES:
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER SUPERVISOR? ⊖ YES ⊖ NO	

FROM TO	EMPLOYER & ADDRESS:
JOB TITLE:	
DUTIES:	NAME OF SUPERVISOR & TELEPHONE:
	ANNUAL SALARY WAGES:
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER SUPERVISOR? ⊖ YES ⊖ NO	