

## Village of Port Edwards

## **Employment Application**

Applicant Information										
Full Name:				Date:						
Last Address:	First		М.І.							
Street Address			Apartm	nent/Unit #						
City Phone: ()	E-r	nail Address:	State	ZIP C	ode					
		nail Address.		•						
Date Available:Hours av			Desired Sal	lary: <u>\$</u>						
Position Applied for:	YES NO				YES	NO				
Are you a citizen of the United States?	YES NO	lf no, are you a	uthorized to we	ork in the U.S.?						
Have you ever worked for the Village?		If so, when?								
Have you ever been convicted of a felony?										
If yes, explain:										
Education										
High School:	Address	:								
From:To:Di		YES NO	Field of Study:							
College:			<u> </u>							
			Field of							
From:To:Did			Study: _							
Other:		YES NO	Field of							
From:To:Di	d you graduate?		Study: _							
References Please list three professional (work related) references.										
Full Name:		Relationship:								
Company:				( )						
Address:				· · · · ·						
Full Name:										
Company:				()						
Address:			_							
Full Name:										
Company:				()						
Address:				· · · · · · ·						

Previous Employment									
Company:	Ph	one: <u>(</u>	)						
Address:		Supervisor:							
Job Title:Sta	rting Salary: <u>\$</u>		Ending Salary:	\$					
Responsibilities:									
From:To:Reas	-								
May we contact your previous supervisor for a refer	YES								
Company:	Pho	one: <u>(</u>	)						
Address:		Supervisor							
Job Title:Sta	rting Salary: <u>\$</u>		Ending Salary:	\$					
Responsibilities:									
From:To:Reas	• <u> </u>								
May we contact your previous supervisor for a refer	ence?								
Company:	Ph	one: <u>(</u>	)						
Address:		Supervisor:							
Job Title:Sta	rting Salary: <u>\$</u>		Ending Salary:	\$					
Responsibilities:									
From:To:Reas									
May we contact your previous supervisor for a refer	YES								
Other Training, Experience, Special Skills, Qualifications, Etc.									
Туре:		From:	To:						
Type of License:	Received fr	om:							
List other job-related training:									

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when it is discovered by the Village of Port Edwards.

Disclaimer and Signature

I understand that any employment is conditioned on a background check. I also understand that this background check will include reviewing all publicly posted social media accounts. I authorize the Village of Port Edwards to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Village of Port Edwards, without giving me prior notice of such disclosure. In addition, I release the Village of Port Edwards, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Village of Port Edwards.

## No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Village of Port Edwards unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Village of Port Edwards as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Village of Port Edwards the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Village of Port Edward's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Village of Port Edwards to hire. If hired, I agree to abide by all Village of Port Edwards work rules, policies and procedures. The Village of Port Edwards retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature:

Date:

Village of Port Edwards 201 Market Avenue, PO Box 10, Port Edwards, WI 54469 Phone: (715) 887-3512, Fax: (715) 887-3524