



Village of Port Edwards

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Hours available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐
YES NO

Have you ever worked for the Village? ☐ ☐ If so, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Field of Study: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Field of Study: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Field of Study: _____

References

Please list three professional (work related) references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Other Training, Experience, Special Skills, Qualifications, Etc.

Type: _____ From: _____ To: _____

Type of License: _____ Received from: _____

List other job-related training: _____

Disclaimer and Signature

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.

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 Edwards' 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**