Town of Burns

N6111 Hwy E Bangor, Wisc. 54614

The Town of Burns is an Equal Opportunity Employer	Employment Application				
Name					
Social Security No					
Current Address					
(Street) (City)	(State) (Zip)				
Previous Address					
(Street) (City)	(State) (Zip)				
Current Telephone ()	Alternate Telephone ()				
Position you are applying for	osition you are applying for When you can start				
Type of employment you are seeking Full-Time Part	-Time Temporary, Until:				
Total number of hours desired per week	Wage expected				
Please check all of the days that you are available to work					
□ Sunday □ Monday □ Tuesday □ Wednesday	□ Thursday □ Friday □ Saturday				
Please check all of the times that you are able to work					
□ Mornings □ Afternoons □ Evenings					
Availability Exceptions					
What prompted you to apply at the Town of Burns?					
□ Newspaper Ad □ Walk-In □ Posted Notice □	Employee Referral (name)				
☐ Other, please specify	······································				
Skills And Qualifications:					
List any machine and/or equipment you are qualif	fied and experienced at operating:				

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Employer				mployed	Job Duties/Responsibilities
Address		······································	From	To	
Telephone Numbers(s)			Hourly Ra Starting	ate/Salary Final	
Supervisor	Supervis	or's Title			
Job Title			} - · · - · · · - · · · · · · · · · 	ent Status	List any disciplinary actions,
Reason for Leaving	 		Full Time	Part Time	write-ups or reprimands
Total Days Late	Total Days Absent	Reference	How many da	ays	
- Cital Day's Late	TOTAL Days Absert	Checked By	notice given before leavin	9?	
Employer			Dates E	mployed	
			From	То	Job Duties/Responsibilities
Address					
Telephone Numbers(s)				te/Salary	
Supervisor	Supervise	or's Title	Starting	Final	
Job Title	<u></u>	······································	Emoloyme	ent Status	
	,		Full Time	Part Time	List any disciplinary actions, write-ups or reprimands
Reason for Leaving					
Total Days Late Total Days Absent Reference		How many days notice given			
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Employer			Dates E		Job Duties/Responsibilities
Address	······································		From	То	
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Telephone Numbers(s)			Hourly Ra Starting	Final	
Supervisor	Superviso	or's Title			
Job Title			Employme		List any disciplinary actions,
Reason for Leaving			Full Time	Part Time	write-ups or reprimands
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Employer		Dates Employed		(ab Dudias/Dassassibilities	
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Address					
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Supervisor	Superviso	or's Title	Starting	Final	
lob Title			Employme	nt Status	liet anu dissiminant sations
			Full Time	Part Time	List any disciplinary actions, write-ups or reprimands
Reason for Leaving					
Total Days Late	Total Days Absent	Reference	How many da notice given	ys	

Employment History -

Education	Name and Location	Did you graduate?	Course of Study
High School			
College			
Describe any extra-cativities, clubs, hob			
General			
Are you 18 years of	age or older? □ Yes □ No		
Do you have access t	to some reliable form of trans	sportation? Yes No If y	es, what type?
If employment is offe	ered, can you submit verifica	tion of your legal right to wo	ork in the United States?
□ Yes □ No)		
•	convicted of a crime? Yes hat offense(s) have you been		
			ar to employment. Your conviction for which you are applying.
Additional Informati	on		
In addition to your w	ork history, list any job-rela	ted experiences, skills or qua	lifications you would like us to consider.
	es, addresses and telephone is supervisors.	numbers of 2 personal references Telephone number(s)	nces who are not related to you and are Relationship and Years Known
Name		Home	
Address		Work	
Name		Home	
Address		Work	

APPLICANT STATEMENT: DO NOT SIGN UNTIL YOU HAVE READ THE FOLLOWING APPLICANT STATEMENT.

I certify that all information I have provided in order to apply for and secure work with the Town of Burns is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, dependent upon when it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby also authorize all persons, corporations, schools, companies and law enforcement agencies to release any information concerning my background to the Town of Burns.

I understand that if I am conditionally accepted for employment with the Town of Burns, that I may be required to take and pass a medically recognized drug screening test pursuant to state and federal drug and employment laws. I hereby give my consent, without duress, to allow the Town of Burns or its designated representative, to administer such a test and use its results in determining whether the Town of Burns will employ me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's supervisor.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, and fully understand and accept the terms of the foregoing Applicant Statement.

Applicant's Signature:	Date:
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Application 6/01/01