



APPLICATION FOR EMPLOYMENT TOWN OF BELOIT

2445 South Afton Road, Beloit, WI 53511

OFFICE USE ONLY

POSITION APPLIING FOR: _____

PERSONAL INFORMATION

NAME

_____ LAST

_____ FIRST

_____ MIDDLE

CURRENT ADDRESS

_____ STREET

_____ CITY

_____ STATE

_____ ZIP CODE

PERMANENT ADDRESS

_____ STREET

_____ CITY

_____ STATE

_____ ZIP CODE

CONTACT INFORMATION

_____ HOME PHONE NUMBER

_____ DAY PHONE NUMBER

_____ E MAIL

Have you ever previously been employed by the Town of Beloit?

YES

NO

If so, in what capacity? _____

Dates of such employment: _____

FROM (MONTH/YEAR)

TO (MONTH/YEAR)

EDUCATION

	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATENDED	DID YOU GRADUATE?	YEAR	DIPLOMA/ DEGREE
GRAMMAR SCHOOL	_____	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____
TRADE OR BUSINESS SCHOOL	_____	_____	_____	_____	_____

Do you have any physical limitations that preclude you from fully performing the duties of the position you have applied for?

YES

NO

If yes, what can be done to accommodate your limitation?

MILITARY SERVICE

Have you ever served in the U.S Military? YES NO

If the answer is yes, answer the following:

Which branch of service? (Circle one)

Army Navy Air Force
 Marines Coast Guard
 Guard/Reserve

Did you, at any time, serve on continuous active military service for a period exceeding 180 days?

YES NO

State your current military affiliation:

PREVIOUS EMPLOYMENT (List last four employers below, with most recent employer listed first)

MONTH/ YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE/ SALARY	POSITION	REASON FOR LEAVING
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

REFERENCES (Provide the names and addresses of four non-relatives you have known at least one year)

	Name (First, Last)	Address	Business	Years Acquainted
#1				
#2				
#3				
#4				

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any information concerning previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated without prior notice.

DATE: _____

SIGNATURE: _____