



# Town of Sheboygan

1512 N 40th St  
Sheboygan, WI 53081  
Phone 920-451-2320  
Fax 920-451-2323  
[www.townofsheboygan.org](http://www.townofsheboygan.org)

Application for Employment  
An Equal Opportunity Employer

Name:				
Last	First	Middle	Home Phone:	Cell:

Address:		Business Phone:
		Can we contact you at this #? Yes____ No____

City	State	Zip	E-mail Address

### Position Title:

Full Time _____	Part-Time _____	On-Call/Relief Hours _____	Temporary/Limited Term Employment _____
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Are you legally eligible for employment in the United States Yes ____ No ____	When will you be available for employment?
Are you at least 18 years of age? Yes ____ No ____	

Have you ever been employed by the Town of Sheboygan? Yes ____ No ____
If yes, when, in what position and in what department?

List any relatives employed by the Town of Sheboygan or serving as elected or appointed officials of the Town of Sheboygan:
<i>The Town of Sheboygan may prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i>

Do you possess a valid Driver's License? Yes ____ No ____
Do you possess a valid Commercial Driver's License? Yes ____ No ____ Type _____
Do you possess a Health Field License? Yes ____ No ____ Type _____

List memberships in professional or technical associations:

If currently licensed or registered to practice in WI as a member of some profession or trade, indicate type of license or registration and number:

Have you ever been convicted of an ordinance violation, misdemeanor or felony? Yes ____ No ____
If yes, please explain: _____
Are there any ordinance, felony, or misdemeanor violation charges presently pending against you? Yes ____ No ____
If yes, please explain: _____
Have you ever had a traffic violation or are any pending against you (including speeding violations, seatbelt violations, etc.) Yes ____ No ____
If yes, please explain: _____

Note: Any affirmative responses above do not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position. All positions require conviction or arrest information to evaluate circumstances of the offense.

**Special Skills:**

Typing Speed \_\_\_\_\_ WPM (words per minute)

List all computer software which you can operate skillfully: \_\_\_\_\_

**Education:**

Did you graduate from high school? Yes \_\_\_ No \_\_\_ Name/location of school: \_\_\_\_\_

If "no", have you passed a high school equivalency or GED test? Yes \_\_\_ No \_\_\_ Location and date of test: \_\_\_\_\_

Training beyond high school: college or university, nursing, business college or other schools you have attended.

College, University or School; Name and Location	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree (if rec'd)	GPA
	From	To				
			Yes ___ No ___			
			Yes ___ No ___			
			Yes ___ No ___			
			Yes ___ No ___			

Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience:** Give a complete record, from most current to least current, of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. Responses stating "See Resume" are not acceptable. All boxes must be completed regardless if you have attached a resume.

From (Month & Year)	Title of position held:		Primary Duties:
To (Month & Year)	Employer's Name (Company)	Phone No.	
Hours Each Week:	Address; City, State, Zip		
Full Time ___ Part Time ___ Temp ___	Name and Title of Supervisor		
Starting Salary:	Name & Title of Next Higher Supervisor		
Last Salary:	No. of employees you supervised: _____		
Were you involuntarily discharged: Yes ___ No ___			
If we contact your present employer, will your position be endangered? Yes ___ No ___			
Reason for leaving or considering change:			
_____			

From (Month & Year)	Title of position held:		Primary Duties:
To (Month & Year)	Employer's Name (Company)	Phone No.	
Hours Each Week:	Address; City, State, Zip		
Full Time ____ Part Time ____	Name and Title of Supervisor		
Temp ____	Name & Title of Next Higher Supervisor		
Starting Salary:			
Last Salary:	No. of employees you supervised: _____		
Were you involuntarily discharged: Yes ____ No ____			
If we contact your present employer, will your position be endangered? Yes ____ No ____			
Reason for leaving or considering change:			

From (Month & Year)	Title of position held:		Primary Duties:
To (Month & Year)	Employer's Name (Company)	Phone No.	
Hours Each Week:	Address; City, State, Zip		
Full Time ____ Part Time ____	Name and Title of Supervisor		
Temp ____	Name & Title of Next Higher Supervisor		
Starting Salary:			
Last Salary:	No. of employees you supervised: _____		
Were you involuntarily discharged: Yes ____ No ____			
If we contact your present employer, will your position be endangered? Yes ____ No ____			
Reason for leaving or considering change:			

From (Month & Year)	Title of position held:		Primary Duties:
To (Month & Year)	Employer's Name (Company)	Phone No.	
Hours Each Week:	Address; City, State, Zip		
Full Time ____ Part Time ____	Name and Title of Supervisor		
Temp ____	Name & Title of Next Higher Supervisor		
Starting Salary:			
Last Salary:	No. of employees you supervised: _____		
Were you involuntarily discharged: Yes ____ No ____			
If we contact your present employer, will your position be endangered? Yes ____ No ____			
Reason for leaving or considering change:			

Use a separate sheet to continue with additional qualifying employment data, using same format as above.

Have you ever been suspended/discharged from any position? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

### Authorization and Certification

Read Carefully Before Signing:

I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I authorize any person contacted to provide the Town of Sheboygan any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include but not be limited to: application of employment; performance evaluations; work records; wage rates; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the Town of Sheboygan to request employment records from my present and/or former employer(s). I release and hold harmless the Town of Sheboygan, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment and continue employment with the Town of Sheboygan. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the Town of Sheboygan and consent to the release of the test results to the Town of Sheboygan. I hereby release and hold harmless the Town of Sheboygan, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

I authorize the Town of Sheboygan, its officers, agents and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless the Town of Sheboygan, their officers, agents and employees and the person(s) providing the information, from any liability related to the performance or result of this check.

If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand that the Town of Sheboygan maintains a drug-free and violence-free workplace.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*If you need reasonable accommodation anytime during the application process, please notify the Town of Sheboygan.*

**Submit your application to [williamblashka@townofsheboygan.org](mailto:williamblashka@townofsheboygan.org)**

The Town of Sheboygan is committed to the equality of opportunity for all people. It is the policy of the Town of Sheboygan to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products **OFF** the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.