

317 Wolf River Drive, PO Box 278 Fremont, WI 54940 Ph. 920-446-2411 Fax. 920-446-2480 Email: fremontvillage@centurytel.net

Employment Application

Read carefully before filling out your application

A resume may not be substituted for this official application in whole or in part.

Study the minimum qualifications listed in the announcement. If you believe that you meet these qualifications, complete this application. Answer all questions applicable to the position for which you are applying. Be thorough. Your answers determine whether you will be considered for the position.

Your completed application, together with any additional information specified in the announcement, must be received not later than the closing date if specified in the announcement. Incomplete or unsigned applications cannot be processed.

		Appl	icar	nt Information			
Full Name:	. <u> </u>			Date:			
	Last	First		M.I.			
Address:							
	Street Address			Apa .	rtment/Unit #		
	City			State ZIP	Code		
Home Phone	e:			Cell Phone:			
Email:				Former Names Used:			
Date Available: Social		Security N	o.: <u> </u>	Desired Salary:	Desired Salary:\$		
Position App	blied for:						
Have you ev	ver worked for this company?	YES	NO D	If yes, when?			
Are you 18 years of age or older?		YES	NO				
Do you possess a valid driver's license?		YES	NO	D.L. Number:			
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	YES	NO	
Have you ever been convicted of a felony?		YES	NO				
f yes, expla	in:						
	Village	of Fremont	is aı	n Equal Opportunity Employer.			
			Ed	lucation			
High Schoo			City & State:				
Did you	YES NO			YES NO GED? □ □ Year			

Undergraduate/Tech	nical College:			City & Stat	e:	
From:	To:	Did you gradua	YES	S NO	Degree:	
Course of Study:						
Graduate College:			C	ity & State:		
From:	То:	Did you graduate?	YES	NO	Degree:	
Course of Study:		, 3	_	_	<u> </u>	
Other (Specify):			City & S	State:		
From:	To:	Did you graduate?		NO	egree:	
Course of Study:		, 0	_			
		Refere	ences			
List three persons we i	may contact <u>at this time</u> ch you are applying. De		you and h	ave definite ted under E	knowledge of your qualifications and fitnes. Experience.	s
Full Name:				Busin	ess/Occupation:	
Addroso:					Phone:	
Full Name:				Busin	ess/Occupation:	
Address:					Phone:	
Full Name:				Busin	ess/Occupation:	_
Λ -l -l				_	Phone:	
		Previous Er	nployme	ent		
Please start with most	recent position					
Company:					Phone:	
Address:					Supervisor:	
Job Title:		Starting Sal	ary: <u>\$</u>		Ending Salary:	
Responsibilities:						
From:	To:			or Leaving:		
May we contact this e	mployer for a referen	ce?	YES	NO		
-					Phone:	
Address:					Supervisor:	
Job Title:		Starting Sal	ary: <u>\$</u>		Ending Salary:	
Responsibilities:						
From:	To:					
May we contact this e	mployer for a referen	ce?	YES	NO		

Company:			Phone:
Address:			Supervisor:
Job Title:	Starting Salary:\$		Ending Salary:\$
Responsibilities:			
From: To:_	Reason fo	or Leaving:	
May we contact this employer for a refe	rence? YES	NO	
	Special Skills and Qualifi	cations	
Summarize your special skills or qualific	cations for this position:		
Office Work: Typing (words per minu	ute): List office machines oth	ner than a t	sypewriter which you can operate skillfully:
List Professional, trade, business or civ race, religion, national origin, age, ance			memberships which would reveal gender,
Describe any specialized training, appre	enticeship, skills and extra-curricular	activities:	
	Disclaimer and Signa	turo	
	s application may be grounds for net to investigation, including a chec	ot employ k of your f	ing you, or for dismissing you after you ingerprints, police records, and former ation.
I certify that all of the statements made belief, and are made in good faith.	le in this application are true, comp	olete, and	correct to the best of my knowledge and
Signature:			Date:
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