## **JOB APPLICATION**

## Town of Eau Pleine 3191 State Highway 34, Junction City, Wisconsin 54443

The Town of Eau Pleine is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all sections below: **Applicant Information** Applicant Name: Address: City, State and Zip Code: *Telephone Number:* Email Address: Date of Application: **Employment Position** *Position(s) applying for:* How did you hear about this position? On what date can you start working if you are hired? **Personal Information** Are you a U.S. citizen or approved to work in the United States? (circle one) Yes No What document can you provide as proof of citizenship or legal status? Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:

Note: Town of Eau Pleine complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Education and Training	
High School	
Name	
Location (City, State)	
Year Graduated	
Degree Earned	
College/University	
Name	
Location (City, State)	
Year Graduated	
Degree Earned	
V	d <del>m</del> arket a
Vocational School/Specialize	a training
Name	
Location (City, State)	
Year Graduated	
Degree Earned	
Military	
Are you a member of the Arm	ned Services?
What branch of the military d	
What was your military rank v	
How many years did you serv	
	essess that would be an asset for this position?
what military skills do you po	ssess that would be all asset for this position:
<b>Previous Employment</b>	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
AT-WILL EMPLOYMENT	
This means that your employ	u and the Town of Eau Pleine is referred to as "employment at will." ment can be terminated at any time for any reason, with or ut notice, by you or the Town of Eau Pleine. No representative of
"employment at will" relatior	ority to enter into any agreement contrary to the foregoing aship. You understand that your employment is "at will," and that
=	I or written statements or representations regarding your t-will employment status, except for a written statement signed by
you and either our Executive President.	Vice-President/Chief Operations Officer or the Company's
Applicant Signature:	
Date:	