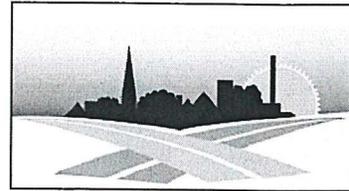


Village of Johnson Creek

125 Depot Street
 P.O. Box 238
 Johnson Creek, WI 53038
 Phone (920) 699-2296
 Fax (920) 699-2292
www.johnsoncreek-wi.us



Crossroads with a Future

APPLICATION FOR EMPLOYMENT

The Village of Johnson Creek is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, creed, gender, national origin, age, disability, genetic information, gender, citizenship, identity/reassignment, marital or veteran status, sexual orientation, pregnancy or maternity or other status covered by applicable state or federal employment laws or regulations.

(Please Print or Type)

Personal Information				
Last name:		First name:		M.:
Street address:				
City:		State:		Zip:
Home phone:		Cell phone:		
Email address:		Soc. Sec. #:		
Do you hold a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> C.D.L. License? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Driver's License Number: _____				
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Other _____				

Employment Desired			
Position:		Date you can start:	
Full or Part Time:		Are you presently employed?	
Employer's name:		Supervisor's name:	
If yes, may we contact your supervisor?		Supervisor's phone:	

Education					
<i>(Attach copies of transcripts, diplomas and/or certificates-except high school)</i>					
Did you graduate from high school? Yes <input type="checkbox"/> No <input type="checkbox"/> OR Do you have a GED Equivalency? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name & Location:					
TRAINING BEYOND HIGH SCHOOL:					
<u>Name & Location</u>	<u>Dates Attended</u>		<u>Credits Earned</u>	<u>Minor/Major</u>	<u>Degree/Date</u>
	From	To			

Special Studies/Research Work/Hobbies/Certifications

Other Work Experience <i>(most recent first)</i>				
Type of Work	Dates	Employer/Location	Supervisor Name/Phone	Reason for Leaving

Criminal History				
Please list ALL instances in which you were convicted as an ADULT for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. Have you been convicted or have charges pending, as listed above?				
Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below (attach additional pages if necessary)				
Date	Location	Charge	Court	Disposition of Case
NOTE: A conviction record or pending arrest record does 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 or if the Village deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.				

References <i>(At least three persons not related to you and who you have known for at least one year)</i>			
Name: Address: Phone:		Business: Relationship: Years known:	
Name: Address: Phone:		Business: Relationship: Years known:	
Name: Address: Phone:		Business: Relationship: Years known:	

I authorize investigation of all statements contained in this application. I understand omission or misrepresentation of facts is cause for dismissal. I further understand and agree my employment is subject to probation and thereafter my employment will be considered "at will." I further understand the Village of Johnson Creek has high standards of trust, honesty and integrity in its employees which I am willing and able to meet.			
Date:		Signature:	

INFORMATION RELEASE AUTHORIZATION

For Official Use By Authorized Persons

s. 230.16(1) Wis. Stats
and LES 2.01, Wis. Adm. Code

INSTRUCTIONS TO APPLICANT:

Complete this release and return with employment application. The Village of Johnson Creek requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. **Note: This release must be signed by a witness. Failure to complete will result in delayed processing of your application.**

Legal Name: Last, First, Middle	Date of Birth
Resident Street Address	
(Area Code) Home Telephone	(Area Code) Work Telephone
Former Name (If Applicable)	

To Whom It May Concern:

I authorize any official representative of the Village of Johnson Creek bearing or presenting this release, to obtain information and records pertaining to me and my personal background whether such information and records are public, private, favorable, unfavorable, or confidential in nature from any or all of the following sources:

1. Military Record Centers
2. Any place of business
3. Any Court, Police Agency or other location where criminal and misdemeanor records are kept
4. Former Employer(s)
5. Present Employer(s)
6. Any School, College, University or other educational institution including peace officer records
7. Credit Bureau(s)
8. Any Banking Institution
9. Any Local, State, or Federal Government Agency
10. Any private citizen who has knowledge of individual

I understand that the Village of Johnson Creek will consider any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization in determining my suitability for employment. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s. 895.5, Wis. Stats. (The Privacy Act) which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. _____
2. _____
3. _____
4. _____

Note: A photocopy of this release will be valid as an original.

X _____
(Applicant Signature)

X _____
(Date Signed)

X _____
(Witness Signature)

X _____
(Date Signed)

X _____
(Relationship to Applicant)