



APPLICATION FOR EMPLOYMENT

Village of Grafton

860 Badger Circle, Grafton, WI 53024-0125
(262) 375-5300 FAX (262) 375-5312
e-mail: hr@village.grafton.wi.us

APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS.

1. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete application may prohibit you from proceeding in the evaluation process for this position.
2. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal.
3. Date and sign the application on page 4.
4. Keep a copy of the application for your files.
5. Submit completed application to the Village Administrator's Office at the address above.

Position Applying For: _____ Date of Application: _____

Last Name	First Name	Middle Name	Social Security Number (voluntary)	
Address		City	State	Zip Code
Home Telephone Number		Cell Phone Number		E-mail Address

Best time of day to contact you is: _____. Home Cell Date available for work: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? (If Yes, give date _____) Yes No

Do any of your relatives or members of your family work here? Yes No

Are you currently employed? Yes No

We may contact your past employers. May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration status will be required upon employment. Yes No

What is your desired salary range? -

Are you available to work Full-Time
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available _____ - _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, give explanation: _____

(A conviction will not be an automatic bar to employment and will be considered only as it relates to the job in question)

EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Did you Graduate	List Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate / Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List Licenses or Certifications held	Class	Number	Expiration Date

Describe any specialized training, apprenticeship, skills, and extra-curricular activities (equipment operated, software, wpm, etc.).

Describe any job-related training received in the United States military.

Volunteer or Civic Activities. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Do not write "See Resume."

Employer	Supervisors Name / Phone Number	
Address, City & State	Your Job Title	Current Rate of Pay
Your Duties	Dates Employed —	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Reason for leaving or considering change:	

Employer	Supervisors Name / Phone Number	
Address, City & State	Your Job Title	Current Rate of Pay
Your Duties	Dates Employed —	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Reason for leaving:	

Employer	Supervisors Name / Phone Number	
Address, City & State	Your Job Title	Current Rate of Pay
Your Duties	Dates Employed —	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Reason for leaving:	

Have you ever been discharged or asked to resign from any position? Yes No

If Yes, please explain:

What is your primary interest in applying for this job?

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application

(DO NOT ANSWER UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.)

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

References (not former supervisors or relatives)

Name	Address	Telephone Number

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village of Grafton is of an "at will" nature, which means that the Employee may resign at any time and the Village of Grafton may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Village of Grafton.

Employee must file all employment-related claims within six months and waive any contrary statute of limitations.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

All qualified applicants will receive equal consideration for employment without regard to race, color, religion, sex, national origin, age, marital status, status as a veteran, presence of a disability, or sexual preference. The Village of Grafton complies with all applicable state and federal employment laws.

Voluntary Information Disclosure

DO NOT ATTACH TO YOUR APPLICATION

As an employer, it is necessary for the Village of Grafton to validate in state and federal reports that we are recruiting an available, qualified work force in all segments of the community. The information below will not be given to anyone making hiring decision nor will it be placed in any personnel file. Providing the information is purely voluntary, but we would appreciate your cooperation in our efforts to ensure equal opportunity employment.

Name: _____

Position applied for: _____

Gender: Male Female

Please check one of the following Equal Opportunity Identification Groups:

- White (not of Hispanic Origin)
- Black (not of Hispanic Origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other _____

How did you learn of this position?

(please check all that apply)

- Job Service
- Newspaper
- Professional Paper / Journal
- Village of Grafton website
- Internet (other than Village website)
- Present Village Employee
- Other _____

The Americans with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment.”

By this definition, are you an individual with a disability? Yes No

The above information is true to the best of my knowledge.

Signature

Date