



# The Village of North Fond du Lac

*...A Great Place to Live, Work & Play*

Public Works Department: 16 Garfield Street, North Fond du Lac, WI 54937 • 920.929.3765 • Fax: 920.929.3964 • www.nfdl.org

## APPLICATION FOR EMPLOYMENT NORTH FOND DU LAC

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status

This information is for official use only and will not be released to unauthorized persons nor will it be used to discriminate against any applicant.

**NOTICE:** application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). **Applications which are not complete and legible may not be considered.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of same size as this application and number answers to correspond with question.

<b>Name</b> _____			_____		
Last		First	Middle		
<b>Address</b> _____					
Number		Street	City	State	Zip code
<b>Home Phone</b> _____		<b>Cell Phone</b> _____		<b>Social Security Number</b> ____/____/____	
<b>Email Address</b> _____					

Best time to Contact you at home .....: \_\_\_\_\_ AM / PM

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

Have you ever Filed an application with The Village of North Fond du Lac before?..... Yes \_\_\_ No

If yes, give date \_\_\_\_\_

Have you ever been employed with The Village of North Fond du Lac before?..... Yes \_\_\_ No

If yes, give date \_\_\_\_\_

Are you Currently Employed ..... Yes \_\_\_ No

May we contact your present employer? ..... Yes \_\_\_ No

Are you currently on "lay-off" status and subject to recall? ..... 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

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_ hour.

Are you available to work: \_\_\_\_ Full\_ Time (please indicate 1 2 3 shift)  
\_\_\_\_ Part- Time (please indicate. Morning Afternoon Evening)  
\_\_\_\_ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Do you possess a valid Wisconsin driver's license? \_\_\_\_ Yes \_\_\_ No DL# \_\_\_\_\_

Is this a valid CDL? \_\_\_\_ Yes \_\_\_ No Endorsments \_\_\_\_\_

# EDUCATION

Name of School	Location	Dates		Course pursued	Degree, Diploma, or credits earned
		From	To		
Elementary School					
High School					
Under Graduate College					
College					
Other (specify)					

# MILITARY RECORD

Have you ever served active duty in the Armed Forces of the United States?..... Yes \_\_\_ No \_\_\_

Branch of military service: \_\_\_\_\_ Serial # \_\_\_\_\_

Dates of Active Duty (Month/day/Year) .....From: \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

Highest rank attained: \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Basis of Discharge \_\_\_\_\_

Member of Reserve? \_\_\_ Yes \_\_\_ No      Branch of Service: \_\_\_\_\_

Status of Service: \_\_\_ Ready \_\_\_ Stand by

If you attend drills, meetings, or camps. Name of unit \_\_\_\_\_ Location \_\_\_\_\_

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

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## Other Qualifications

Summarize special job-related skills and qualifications from employment or other experience.

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## Specialized Skills

(check skills/equipment operated)

	Production/ Mobile Machinery (list)	Other (list)
Cash register _____	_____	_____
Calculator _____	_____	_____
PC / MAC _____	_____	_____
Typewriter _____	_____	_____
Spreadsheet _____	_____	_____
Telephone _____	_____	_____
	_____	_____

## REFERENCES

Give at least three (3) references (not relatives, former or present employers, clergymen, fellow employees or school teachers) who are responsible adults of Reputable standing in their community.

Complete Name: \_\_\_\_\_

Address: Residence \_\_\_\_\_

Business \_\_\_\_\_

Phone: Home \_\_\_\_\_

Business \_\_\_\_\_

Cell \_\_\_\_\_

Occupation: \_\_\_\_\_

No. years acquainted \_\_\_\_\_

Complete Name: \_\_\_\_\_

Address: Residence \_\_\_\_\_

Business \_\_\_\_\_

Phone: Home \_\_\_\_\_

Business \_\_\_\_\_

Cell \_\_\_\_\_

Occupation: \_\_\_\_\_

No. years acquainted \_\_\_\_\_

Complete Name: \_\_\_\_\_

Address: Residence \_\_\_\_\_

Business \_\_\_\_\_

Phone: Home \_\_\_\_\_

Business \_\_\_\_\_

Cell \_\_\_\_\_

Occupation: \_\_\_\_\_

No. years acquainted \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

List all employment during the past ten (10) years. Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Telephone (    )	Dates employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving				

Employer	Telephone (    )	Dates employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
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		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving				

I understand that all appointments are probationary for a period during which I must demonstrate my fitness of continued employment. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant (Do not use nickname)

\_\_\_\_\_  
Date

# Village of North Fond du Lac

## Authorization for Release of Information

To Whom It May Concern:

I am an applicant for the position of \_\_\_\_\_ with the Village of North Fond du Lac.  
I realize that during the processing of my application, I will be investigated by personnel officers of that department.

I hereby empower an employee of the Village of North Fond du Lac or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, state or federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college, university or other educational institution

Exceptions to this Blanket Authorization:

1. Any medical information in the possession of any source named above if a conditional offer of employment has not yet been made.
2. Any medical information in the possession of any source named above if a final job offer has already been made.
3. \_\_\_\_\_
4. \_\_\_\_\_

I hereby release any municipal, state or federal enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, 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.

I understand that any information concerning my past will be considered in evaluating me as an applicant to the Village of North Fond du Lac, and that all information obtained by the Village of North Fond du Lac in conjunction with this investigation and this permission, is confidential and I have no right to examine it, as the people contacted will be advised that what they say will be held in confidence.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary.  
The SSN will be used for identification purposes to ensure that proper records are obtained.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary: \_\_\_\_\_

Date: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_