





### Other Qualifications

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

---

---

---

---

### 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 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
Address		From	To	
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving				

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

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

Employer	Telephone (    )	Dates employed		Work Performed
Address		From	To	
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 for continued employment. I further understand that any appointment tendered to 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: \_\_\_\_\_