

Town of Brooklyn
400 Main St.
Brooklyn, WI 53521

EMPLOYMENT APPLICATION

An Equal Opportunity Employer
Please Print

GENERAL														
Social Security Number		Date of Birth		Last Name			First Name		Middle Initial					
Street & Number				Apartment Number		Driver's License Number			Home Phone No. ()					
City			County		State			Zip Code						
Most recent previous address														
Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Position Desired		Wage Desired										
Have you ever been employed by the Town of Brooklyn						If yes, dates of employment, for the Town of Brooklyn								
<input type="checkbox"/> Yes <input type="checkbox"/> No														
Have you ever been convicted or are charges pending against you for any type of felony, misdemeanor or ordinance violation? <input type="checkbox"/> Yes <input type="checkbox"/> No An answer of "yes" does not necessarily bar you from employment. Each circumstance will be judged in relation to time, seriousness, and relationship to the job for which you are applying.						Hours Available		M	T	W	T	F	S	S
If yes, date and charge.						From								
						To								
Have you ever been denied credit? If yes, why, where, and when?						Do you have reliable transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No								
EDUCATION	Name and Address of School				Major		No. of Years		Diploma or Degree					
High School														
College														
Other (Specify)														
EMPLOYMENT (List most recent job first)														
Company				Address				Name of Supervisor						
City			County		State			Zip						
Job Title/Duties Performed						Phone No. ()		From Mo. Yr.		To Mo. Yr.				
Reason for Leaving						Starting Pay		Ending Pay						
Company				Address				Name of Supervisor						
City			County		State			Zip						
Job Title/Duties Performed						Phone No. ()		From Mo. Yr.		To Mo. Yr.				
Reason for Leaving						Starting Pay		Ending Pay						
Company				Address				Name of Supervisor						
City			County		State			Zip						
Job Title/Duties Performed						Phone No. ()		From Mo. Yr.		To Mo. Yr.				
Reason for Leaving						Starting Pay		Ending Pay						
PERSONAL REFERENCES (Not former employers or relatives)														
Name				Relationship or Title				Phone No. ()						
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All questions must be completed or we reserve the right to discontinue the hiring process.

Why do you want to work for the Town of Brooklyn?

How did you find out about employment?

- Friend/Relative works there Newspaper Ad Just Walked In
 Placement TV/Radio Ad School/Job Fair/Other

Driving information and history

Driver's license number:

Issuing State: Expires:

Have you been involved in a traffic crash in the last 3 years? *no* *yes* If yes, please give details:

Have you received any citations for moving traffic violations within the last 3 years? *no* *yes*
If yes, please give details:

Has your driver's license ever been suspended or revoked? *no* *yes* If yes, please give details:

Certification

I certify that all statements made in this application and interviews are true and correct and further, I authorize the Town of Brooklyn to investigate all statements made on this application or in interviews. Inquiries may be made to prior employers, references, credit-reporting agencies, law enforcement, regulatory agencies and other sources that might be identified during the screening process. I hereby release all those persons from any and all liability arising from their giving or receiving information about my employment history, qualifications, character and driving, credit or criminal records.

I understand that any false answers or statements or misrepresentations by omission made by me as a part of my application, will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I hereby acknowledge that I have read and understand the preceding statement.

(date)

(signature)

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(date)

(signature)