



## APPLICATION FOR EMPLOYMENT

**Town of Verona**  
**7669 County Highway PD**  
**Verona, Wisconsin 53593**  
**608-845-7187**  
**www.town.verona.wi.us**

The Town of Verona is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the Town to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, sexual orientation, age, sex, veteran status, disability, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, the Town intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law. Those applicants requiring accommodation to the application and/or interview process should contact the Town Administrator's office at 608-845-7187.

### INTRODUCTORY INFORMATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### APPLICANT QUESTIONS:

Position desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

Are you 16 years of age or older?  Yes  No

How were you referred to the Town of Verona? \_\_\_\_\_

Do you have any criminal charges or procedures pending?  Yes  No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

### EDUCATION:

High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ If you did not graduate, did you pass high school equivalency? \_\_\_\_\_

College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**MILITARY EXPERIENCE:**

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Job-Related Training/Experience: \_\_\_\_\_

**RECORD OF EMPLOYMENT:** (List positions starting with most recent):

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES:** (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Do you possess a valid driver's license?

Lic.# \_\_\_\_\_ State: \_\_\_\_\_ CDL? If yes, what class? \_\_\_\_\_

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with the Town of Verona is at-will, meaning that I or the Town of Verona may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Town of Verona to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Town of Verona, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that for some positions, a physical examination is required following an offer of employment. The record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the Town of Verona.

I hereby release from liability and hold harmless the Town of Verona and all persons and corporation supplying this information to the Town of Verona and/or its agents. A photocopy of this authorization is as effective as the original.

**I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Revised 4-17**