



TOWN OF LINN EMPLOYMENT APPLICATION

W3728 Franklin Walsh St, PO Box 130, Zenda, WI 53195
 262-275-6300 www.townoflinn.com

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Town. The Town of Linn is an Equal Opportunity Employer and affords equal opportunity to all applicants for all positions.

Position Applied for: _____ Date: ____/____/____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

Email Address _____ Phone _____

Are you legally eligible for employment in the United States? Yes No Desired Salary Range: \$ _____

Date available for work: _____ Driver's License # _____ State _____

Type of employment desired (check all that apply) ____ Full Time ____ Part Time ____ Temporary ____ Seasonal

Have you previously worked for the Town of Linn? Yes No If yes, give date(s) _____

Have you ever plead "guilty" or "no contest" to, or been convicted of a felony? Yes No

If yes, please explain, including when and where (Use additional sheet if necessary) _____

Do you have any relatives currently employed by the Town of Linn? Yes No

If yes, please provide name(s) and position(s) _____

EMPLOYMENT HISTORY (List your last three employers, starting with the most recent, including military experience)

Employed By: _____ From _____ To _____

Address: _____ Phone _____

Job Title _____ Name & Title of Supervisor _____

Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

Employed By: _____ From _____ To _____

Address: _____ Phone _____

Job Title _____ Name & Title of Supervisor _____

Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

Employed By: _____ From _____ To _____

Address: _____ Phone _____

Job Title _____ Name & Title of Supervisor _____

Reason for leaving: _____

Briefly describe the nature and duties of your position: _____

REFERENCES Give name, address and telephone number of three references who are not related to you.

1. _____ (_____) _____

2. _____ (_____) _____

3. _____ (_____) _____

EDUCATION

High School: _____ Years Completed: _____ **Diploma/GED**

College: _____ Years Completed: _____ **Degree/Type**

Technical or Certificate Program: _____ Type of Certificate earned: _____

Technical or Certificate Program: _____ Type of Certificate earned: _____

Other: _____

SKILLS and QUALIFICATIONS Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying for. _____

CDL License: Yes No Class _____ State _____

Computer Skills (check all that apply): Microsoft Word _____ Microsoft Excel _____ Microsoft Outlook _____

Other: _____

REFERENCES MILITARY SERVICE

Branch _____ Dates _____

Title _____ Type of Discharge _____

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

I certify that all the information I have provided in order to apply for and secure work with the Town of Linn is true, accurate and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

I expressly authorize, without reservation, the Town of Linn, it's representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume and/or job interview. I hereby waive any and all rights and claims I may have regarding the Town of Linn, its employees, agents or representatives, for seeking, gathering and using truthful information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. Misrepresentation or omission of facts contained in this employment application is cause for disqualification from employment consideration or, if hired, for dismissal without notice or benefits.

I understand that The Town of Linn does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the Town of Linn and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and the Town of Linn reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Town of Linn is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are signed by The Town of Linn Board of Supervisors.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that Federal Immigration Laws require me to complete an I-9 form in this regard.

I agree to submit to a pre-employment physical and/or drug screen if required by the Town of Linn and understand that any offer of employment is contingent upon successful passing the test if so required.

I certify that I have read, fully understand and accept the terms of the forgoing Applicant Statement.

Signature of Applicant: _____ Date: _____

Background Investigation Waiver

And Liability Release

In consideration of the Town of Linn processing my application for employment, I, _____, do hereby irrevocably agree to the following:

- 1. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Town of Linn or any of its officers, agents or employees from any negligent or wrongful statements, acts, omissions made or recorded, in the course of my background investigation.
- 2. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity who furnishes information or opinions to the Town of Linn as part of my background investigation.
- 3. I authorize any person or entity contacted by the Town of Linn during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
- 4. I understand the need for confidentiality of sources and information in my background investigation and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Town of Linn. This release applies to any cause of action of any nature that might accrue to me, my heirs and assigns or my personal representative.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Current Date: _____

Full name: _____ **Signature:** _____

Address: _____

Birth Date: _____ **Social Security Number:** _____