

TOWN OF LINN APPLICATION FOR EMPLOYMENT

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 typed or clearly printed in ink. All questions must be answered, if applicable; if not, indicate 'NA' (Not Applicable). Applications that are not complete or legible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

Position Applied For: _____

1. PERSONAL INFORMATION

Name (Last, First, Middle)			Social Security # (xxx-xx-xxxx)	
Email Address			Driver's License Number	State
Current Address (Apartment, Street)			Phone Number	
City	State	Zip Code	Best Time to Call	
Mailing Address (if different from above address)			Are you least 18 years old? Yes No	
City	State	Zip Code	Are you a US citizen? Yes No	

Prior employment with the Town of Linn? Yes No If yes, dates of employment: _____ to _____

Relatives currently employed by the Town of Linn? Yes No If yes, names: _____

Do you have a high school diploma, GED or HSED? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a crime of misdemeanor domestic violence? Yes No

Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? Yes No

Driver's license class: A B C D Driver's license endorsements: T N H S P F

2. EDUCATION

Name of School(s)	Dates		Degree, Diploma, or Credits Earned
	From (mm/yyyy)	To (mm/yyyy)	
High School			
College(s)			

3. MILITARY SERVICE

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service? Yes No Not Applicable

4. EMPLOYMENT

Starting with your present employer and working backwards until age twenty, list all employment chronologically, including summer and part-time employment while attending school.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time Part-Time	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time Part-Time	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time Part-Time	Annual Salary/Wages:
City	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No	
Position and kind of work:	Reason for Leaving:	

5. PROFESSIONAL LICENSES, CERTIFICATES OR SKILLS

List any professional licenses, certificates or skills that you possess that may be useful in this position:

6. COURT RECORD

Have you ever been charged with or convicted of a crime or municipal ordinance (including traffic violations), excluding parking violations?

No Yes if yes, provide information.

Charge	Incident Location (City and State)
--------	------------------------------------

Incident Details (Arresting Agency, Nature of Violation)
--

Court Location (City and State)	Final Disposition/Sentence Date
---------------------------------	---------------------------------

Charge	Incident Location (City and State)
--------	------------------------------------

Incident Details (Arresting Agency, Nature of Violation)
--

Court Location (City and State)	Final Disposition/Sentence Date
---------------------------------	---------------------------------

Charge	Incident Location (City and State)
--------	------------------------------------

Incident Details (Arresting Agency, Nature of Violation)
--

Court Location (City and State)	Final Disposition/Sentence Date
---------------------------------	---------------------------------

7. LAW ENFORCEMENT STATUS (to be completed by law enforcement applicants)

Do you have an Associate Degree or 60 associate degree level college credits or higher? Yes No

If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes No

The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.

Have you successfully completed the basic training required for certification (i.e. 720-hour law enforcement academy)? Yes No

If applicable, include the name of the academy where you completed basic training and the date that training was completed:

List any police related internships/duties as LE Explorer Scouts or college internships you have done. Provide the name and phone number of the person in charge:

List any other law enforcement agencies you are currently testing with, on a hiring list for, or that you have tested for in the past two years:

- 1.
- 2.
- 3.
- 4.
- 5.

8. REFERENCES

Provide three references (not relatives, or present employer; avoid listing members of the clergy):

Name			Years Acquainted
Position/Title/Profession			Phone Number
Address			Email Address
City	State	Zip Code	

Name			Years Acquainted
Position/Title/Profession			Phone Number
Address			Email Address
City	State	Zip Code	

Name			Years Acquainted
Position/Title/Profession			Phone Number
Address			Email Address
City	State	Zip Code	

9. GENERAL

If there is any additional information not requested herein which you believe relevant to your ability to perform the duties and responsibilities of the position you have applied for, you may provide this information on attached sheets.

How did you learn of this position? WILENET Acquaintance Job Posting at _____

Have you ever applied for work at this agency before? No Yes When? _____

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

I understand that any appointment offered to me will be contingent upon the results of a complete character investigation and psychological and fitness exams and I am aware that willfully withholding information or making false/misleading statements on this application will be basis for dismissal.

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant Signature

Date Signed

Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for this position not be revealed without my consent or until required under law.

Applicant Signature

Date Signed

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:** _____

Address:_____

Birth Date:_____ **Social Security No:**_____

Signature:_____