

380 E. Main Street, P.O. Box 157 Gilman, WI 54433

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[gilmanclerk@centurytel.net](mailto:gilmanclerk@centurytel.net)

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	_____	

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

**Previous Employment (List most recent first)**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**LIST APPROPRIATE CERTIFICATES, REGISTRATIONS OR OCCUPATIONAL LICENSES:**

DATE	CLASS	NUMBER	EXPIRATION
1)	_____	_____	_____
2)	_____	_____	_____

**PLEASE LIST SPECIAL SKILLS RELATED TO THE WORK FOR WHICH YOU ARE APPLYING:**

\_\_\_\_\_

\_\_\_\_\_

**Physical Record- Do you have any physical limitations that preclude you from performing any work for which you are being considered? \_\_\_\_\_ Yes \_\_\_\_\_ NO**

**If yes, what can be done to accommodate your limitation? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**Confidentiality Statement / Optional Personal Information**

*In the course of Village employment, an employee may be granted access to municipal buildings and may come in contact with and/or obtain confidential information that is protected by law in the State of Wisconsin. By providing the following **optional** personal information, I consent to a basic background check by the Village of Gilman Chief of Police.*

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
State DL #

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PERSONNEL USE ONLY**

Arrange Interview \_\_\_\_\_ YES \_\_\_\_\_ NO  
Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed \_\_\_\_\_ YES \_\_\_\_\_ NO  
Date of Employment \_\_\_\_\_  
Job Title \_\_\_\_\_  
Hourly Rate/Salary \_\_\_\_\_