

VILLAGE OF DORCHESTER

CLARK & MARATHON COUNTIES

228 W. WASHINGTON AVE., DORCHESTER, WI 54425
Phone: (715) 654-5006 ♦ Fax (715) 654-5083

Website: www.dorchesterwi.com
Email: dvcdeputy@tds.net

PUBLIC WORKS DEPARTMENT EMPLOYMENT APPLICATION

Please PRINT Clearly

PHONE: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY #
MAILING ADDRESS		CITY	STATE ZIP CODE
DRIVER'S LICENSE NUMBER	ISSUING STATE	CLASS/ENDORSEMENTS	
*Are you a citizen of the United States?		Yes { }	No { }
*Are you legally eligible to work in the United States?		Yes { }	No { }
*Have you ever been convicted of ANY crime or offense or are you currently facing any charges?		Yes { }	No { }
If yes, please give details:			

EDUCATION:

HIGH SCHOOL/GED	CITY/STATE	DID YOU GRADUATE?	COURSE OF STUDY
COLLEGE	CITY/STATE	DID YOU GRADUATE?	DEGREE
GRAD SCHOOL/TECH COLLEGE	CITY/STATE	DID YOU GRADUATE	DEGREE
OTHER TRAINING	CITY/STATE	CLASSES TAKEN	

JOB INTEREST:

Position applied for: _____

Date available to start: _____

Desired wage: _____

Please list any certifications related to the position: _____

SPECIAL SKILLS, APTITUDES, AND OTHER QUALIFICATIONS:

List any machinery or heavy equipment operating experience you have: _____

Computer experience (software, hardware): _____

EMPLOYMENT HISTORY:

List current and past employers, beginning with most recent. All spaces must be complete; incomplete applications may be rejected.

Name/address: _____

From month/year _____ to month/year _____ Ending salary: _____

Supervisor's name: _____ Phone no. _____

Reason for leaving: _____ May we contact? _____

Name/address: _____

From month/year _____ to month/year _____ Ending salary: _____

Supervisor's name: _____ Phone no. _____

Reason for leaving: _____ May we contact? _____

Name/address: _____

From month/year _____ to month/year _____ Ending salary: _____

Supervisor's name: _____ Phone no. _____

Reason for leaving: _____ May we contact? _____

Name/address: _____

From month/year _____ to month/year _____ Ending salary: _____

Supervisor's name: _____ Phone no. _____

Reason for leaving: _____ May we contact? _____

REFERENCES:

List 3 people (NOT relatives or past employers) who have knowledge of your qualifications & character:

Name/address: _____

Phone number: _____ Email address: _____

Years acquainted: _____

Name/address: _____

Phone number: _____ Email address: _____

Years acquainted: _____

Name/address: _____

Phone number: _____ Email address: _____

Years acquainted: _____

APPLICANT'S CERTIFICATION & SIGNATURE

* I certify that all statements made in this application are complete and true, and that false or misleading information supplied by me is grounds for canceling the application or for immediate termination. I authorize the Village of Dorchester to investigate my personal, work, and employment histories, and to perform background/criminal checks and a pre-employment drug screen.

* I understand that all Village of Dorchester employees are under probationary status for a period of 6 months; my employment may be terminated during this period for any (or no) reason without recourse.

* I authorize my former employers to release my employment records, including salary and termination information. I release them from any liability for damages in providing this information.

PRINTED NAME

SIGNATURE

DATE