Village of Hilbert Application for Employment

MAIL APPLICATIONS TO: Village of Hilbert 26 N. 6th Street PO Box 266 Hilbert, WI 54129

(920) 853-3241 - Phone (920) 853-3515 - Fax clerktreasurer@hilbertwi.gov hilbertwi.gov

Instructions: To be filled out by applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- Incomplete applications MAY NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume."
- DATE and SIGN this application.
- Please list a minimum of ten years' prior experience and education.
- Please complete this application in blue or black ink. Do not type.
- You are not required to furnish any information, which is prohibited by federal, state or local law.

Title of position applying for:		Department:				
71						
Name: (Last) (First)	(M.I.)	Today's Date:				
Current Address: (Street)		Home Phone:				
		Cell Phone:				
(City) (State)	(Zip Code)	Business Phone:				
		Can we contact you at this number? ☐ Yes ☐ No				
Permanent Address (if different than current address): (Stre	et)	E-Mail Address:				
		Can we contact you here? ☐ Yes ☐ No				
(City) (State)	(Zip Code)	When will you be available for employment?				
Are you at least 18 years of age? Yes No	and fadoral	Are you eligible for employment in the United States?				
Your employment will be subject to verification that you meet state minimum age requirements for the type of work you are applying fowork permit.	or and have a valid	Yes No				
No. 12 Venezia	Witness Walles	and the state of t				
The Village of Hilbert shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member. List any relatives employed by the Village of Hilbert or serving as elected or appointed officials:						
De very passage a valid Drivar's Licenses?	☐ Yes ☐ N	o DL#				
Do you possess a valid Driver's License?		9======================================				
Do you possess a valid Commercial Driver's License?	☐ Yes ☐ N	o Type/Class:				
Do you possess any other license?	☐ Yes ☐ N	o Type:				

	on of school: ou passed a high school equiva	lency o	r GED test	? ∐ Yes		INO LOCAL	ion:			
xperience to experience u ist any addi	Is and Qualifications – compler anscribing mechanically-record ising a 10-key adding machine tional office equipment which year	ou can	terial? Yes operate ski] Yes] No					
ist all comp	uter software which you can op	erate sł	killfully:							
Dun Pick Gra Scra Larg Cha			Tar Rid Do: Sne Fro Art	ndem truck ling mower zer/Crawler ow plow ont-end load iculated load					Skid Steer Tractor Backhoe Welder Fork lift	-
		Trai	ining bevo	nd high scl	nool					
	College or university, techni	cal, nur	sing, busin	ess college	or oth	er schools yo	u hav	e attend	led	
School name	e, location and phone number	00		Presently attending		r/ Field	Typ deg	e of gree eived	Credits Earned	GP/
elonies), ordin nformation red ncluding traffic CHECK I	ON MUST BE COMPLETED Lance violations and traffic violation quested under this section may rest record and local ordinance violation HERE IF NOT APPLICABLE ates may be listed.	s. List a ult in der	all pending a	dult criminal c	harges	(misdemeanor	rs or f	elonies).	Failure to in	clude
Date	Location		Charge Court			Disposition of Ca		Case		
onsidered o	viction record or pending arrest nly if there is substantial relation na fide occupational qualification	nship to	o the circur	nstances of	the pa	rticular positi	on or	if the en	nployer de	ems
PORTANT:	You must complete the emplo	vment:	sections of	this applica	tion. L	Jse additiona	she	ets if ned	cessary. Y	ou ma

KC

	Applicant Name:					
CMDI OVMENT CI	ECTION. Please start with m	oet recent nosition -	- include military	service.		
From (mo/yr)	Title of your current/recent posit	Primary duties:				
To (mo/yr)	Company Name		Phone Number			
Hours each week:	Address					
Full-time Part-time Temporary	Name and title of supervisor					
Starting wage/ salary:	May we contact this employer? ☐ Yes ☐ No	Reason for considering	g change/leaving			
Present wage/ salary:	Number of employees you supervised:	Were you involuntarily ☐ Yes ☐ No	discharged?			
From (mo/yr)	Title of your current/recent posi	Primary duties:				
To (mo/yr)	Company Name		Phone Number			
Hours each week:	Address					
☐ Full-time ☐ Part-time ☐ Temporary	Name and title of supervisor					
Starting wage/ salary:	May we contact this employer? ☐ Yes ☐ No	May we contact this Reason for considering change/leaving employer? ☐ Yes ☐ No				
Present wage/ salary:	Number of employees you supervised:					
From (mo/yr)	Title of your current/recent posi	tion:		Primary duties:		
To (mo/yr)	Company Name		Phone Number			
Hours each week:	Address					
☐ Full-time ☐ Part-time ☐ Temporary	Name and title of supervisor					
Starting wage/ salary:	May we contact this employer? ☐ Yes ☐ No	Reason for considering change/leaving				
Present wage/ salary:	Number of employees you supervised:	Were you involuntarily ☐ Yes ☐ No	discharged?	(

(Include volunte	eer experience, ir	OTHER EXPERIENCE nternships, and/or jobs, not included	in the employment s	ection)
Company Name/Location	Job Title	Dates Employed (month/year)	Annual Salary	Full or Part-time

Have you ever been warned or discipline	d for any of	the follo	wing oc	currences in	your previo	ous or current employer?
Attendance	☐ Yes	☐ No.	If yes, p	lease explain		
Performance problems	☐ Yes	☐ No.	If yes, p	lease explain		
Inability to get along with others	☐ Yes	☐ No.	If yes, p	lease explain		
Safety violations	☐ Yes	☐ No.	If yes, p	lease explain		
Harassment	☐ Yes	☐ No.	If yes, p	lease explain		
Violent behavior	☐ Yes	☐ No.	If yes, p	lease explain		
Inappropriate use or possession of alcohol	☐ Yes	☐ No.	If yes, p	lease explain		
Inappropriate use or possession of a drug	☐ Yes	☐ No.	If yes, p	lease explain		
Have you ever been suspended from any postemployer and situation): Please explain any gaps in employment.					M	ing date, location,
References Work or education related (such as former employers, supervisors, co-workers, school faculty). No relatives/significant others.						
Name/Telephone/Ad	idress			Occup	ation	Nature of Relationship
1.						
2.						
3.						
4.						

Please read	ATION AND CERTIFICATION and initial each of the following statements. If you have a cask a Clerk's Office representative prior to initialing and signify that you have read, understand and agree to abide by the state of the st	ning the application. Your initials and
Initial:		
	I agree to execute release authorization forms as required by the records from my present and/or former employer(s). This releast regarding my employment, education and other information contapplication which may include, but not be limited to, application records, excluding workers compensation if any, wage rates, su medical tests, disciplinary reports or letters, and complaints or a and hold harmless the Village of Hilbert, their officers, agents are information from any liability related to the providing of this information.	se may include any and all information cerning any of the subjects covered by the of employment, performance evaluations, work pervisors' comments, results of any and all non-llegations regarding any misconduct. I release and employees, and the person(s) providing the
Initial:	100 1 200 1 200 1	at I may be required to supposefully pass pre-
	I understand that after receiving a conditional offer of employment employment and post-employment exams to gain employment of Hilbert. I consent freely and voluntarily to participate in required exam at a location selected by the Village of Hilbert, and conser of Hilbert. I hereby release and hold harmless the Village of Hilbert the laboratory, their employees, agents and contractors from an tests and/or a pre-employment exam and decisions concerning tests.	or continue employment with the Village of I drug tests and/or a pre-employment physical at to the release of the test results to the Village bert, their officers, agents and employees, and y liability whatsoever, arising from the drug
Initial:		
	I authorize the Village of Hilbert, its officers, agents, and employ and a check with the Department of Transportation prior to mak and hold harmless the Village of Hilbert, their officers, agents, a information from any liability related to the performance or resul will be considered by the Village of Hilbert only if it substantially	nd employees and the person(s) providing the tof this check. I recognize that this information
Initial:	If accepted for employment, I agree that my status as an emploid understand that just as I am free to resign at any time, the Villa employment at any time. All employees not covered by a collect will employees.	age of Hilbert reserves the right to terminate my
Initial:	I agree to use such personal protective equipment and devices to comply with safety rules and requirements. In addition, I und workplace free from drugs, harassment and violence.	as may be required by the Village of Hilbert and erstand that the Village of Hilbert maintains a
Initial:	I understand that nothing contained in the application or any em or an offer/acceptance of employment constitutes an employment of the Village of Hilbert has the authority to make any assurance	ent contract. I understand that no representative
my knowledge	fy that all statements made on or in connection with my application e and belief. I understand and agree that any misstatements or conton, if hired, dismissal.	n are true, complete and correct to the best of omissions of material fact subject me to
must be open	consin Open Records Law: Under section 19.36(7) of Wisconsin n to public inspection. The statute also provides that if an applica of Candidate" they can do so by making a separate request in writi	nt does not want his/her hame revealed prior to
equal employ color, nationa orientation, di	of Hilbert is committed to the equality of opportunity for all people. If ment opportunities for all individuals on the basis of their skills, all all origin, religion, political affiliation, sex, age, disability, marital sta lisabled veteran or covered veteran status, membership in the Na cates or State military forces, use or nonuse of lawful products off other non-merit factors, except where such factors constitute a b	stus, arrest or conviction record, sexual tional Guard or any other reserve component of the employer's premises during non-working
Applicant's	Signature	Date

Applicant Name: