



# Town of Oregon

DATE \_\_\_\_\_

1138 Union Road  
Oregon, WI 53575

Phone (608) 835-3200

Fax (608) 835-2235

Web Site: www.town.oregon.wi.us

e-mail: townoforegon@mailbag.com

**Resumes welcome but will not serve as a substitute for this application.**

NAME _____			Social Security Number _____		
Last	First	Middle			
PRESENT ADDRESS _____			Telephone Number _____		
Street					
City _____		State _____	Zip Code _____	Alternate Number _____	
Time at this address _____		EMAIL ADDRESS _____			

POSITION APPLIED FOR \_\_\_\_\_ Hourly wage desired \_\_\_\_\_

Are you a United States Citizen or a Permanent Resident Alien? Yes [ ] No [ ]

If not what is your immigration status? \_\_\_\_\_  
(If you are hired, you will be required to submit verification of your legal right to work in the United States.)

Have you filed an application with us before? Yes [ ] No [ ] If so, when? \_\_\_\_\_

Date available to begin employment \_\_\_\_\_

Please check employment preference: Full time [ ] Part time [ ] Temporary [ ]

Are you at least 18 years of age? Yes [ ] No [ ]

Your application will be kept in the active file for a period of six (6) months. If you desire to keep it active beyond that time, you will be required to bring the application up-to-date or to fill out a new application.

## EDUCATION

School	Name and Location of School	Major Field	Highest Grade Completed	Degree or Diploma Earned
High School or GED		Not Applicable		
College				
Tech School				

Are you presently employed? Yes [ ] No [ ]

May we contact your present employer? Yes [ ] No [ ]

Have you ever been convicted of any ordinance violation, misdemeanor, felony offense or OMVWI?

Yes [ ] No [ ] If yes, give details below. (Use additional sheets if necessary.)

DATE OF OFFENSE	PLACE	CHARGES	PENALTIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Conviction record will not automatically exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the offense will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.*

Are you prevented from lawfully becoming employed in the Town of Oregon because of visa or immigration status?

Yes [ ] No [ ] (Proof of citizenship or immigration will be required upon employment).

Do you have responsibilities that would prevent you from working evening, weekend and/or overtime as required by the position? Yes [ ] No [ ]

Are there any other experiences, skills or qualifications which you feel would especially qualify you for employment with the Town of Oregon? Include any additional information regarding your past/present employment which you think would be of interest to us in considering your application. Exclude names of organizations which may indicate race, color, religion, sex, sexual orientation or national origin marital or veteran status, or the presence of non-job related medical condition(s) or handicap(s).

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Experience meeting and dealing effectively with the public, handling complaints, providing information, answering questions, etc.? Yes [ ] No [ ]

If yes, please describe: \_\_\_\_\_

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NAME \_\_\_\_\_

**SPECIAL SKILLS**

Do you possess a valid Driver's License? Yes [ ] No [ ]

License # \_\_\_\_\_ State \_\_\_\_\_

Do you possess a Commercial Driver's License? Yes [ ] No [ ]

License # \_\_\_\_\_ State \_\_\_\_\_

What level classified license do you currently hold? (Please circle all that apply)

A      B      C      D      M

Check appropriate endorsement(s) received:

- |   |                         |
|---|-------------------------|
| _____ "T" Double/Triple Trailer         | _____ "N" Tank Vehicles |
| _____ "H" Hazardous Materials           | _____ "P" Passengers    |
| _____ "X" Hazardous Materials & Tankers | _____ "S" School Buses  |

Have you passed the CDL special knowledge and skill tests regarding air brakes? Yes [ ] No [ ]

Please list any other special license or permit you possess which may be applicable to the position your applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all heavy equipment or other equipment related to the position you are applying for that you are skilled in operating:

\_\_\_\_\_  
\_\_\_\_\_

I learned of the \_\_\_\_\_ position through: (check where appropriate)

- \_\_\_\_\_ Recruiting bulletin (where?): \_\_\_\_\_
- \_\_\_\_\_ Newspaper (please specify): \_\_\_\_\_
- \_\_\_\_\_ Visit to Personnel Office                      \_\_\_\_\_ Internet
- \_\_\_\_\_ Job Service or other employment agency                      \_\_\_\_\_ Word of Mouth
- \_\_\_\_\_ Other Source (please specify): \_\_\_\_\_

**EMPLOYMENT HISTORY:** Give details of work experience, including apprenticeships, summer work, and misc. job. List most recent employer first. **COMPLETE ALL SECTIONS.**

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Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Wage Rate/Salary \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact for references? Yes [ ] No [ ]  
Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

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Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Wage Rate/Salary \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact for references? Yes [ ] No [ ]  
Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

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Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Wage Rate/Salary \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact for references? Yes [ ] No [ ]  
Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

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Dates of Employment: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Wage Rate/Salary \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact for references? Yes [ ] No [ ]  
Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

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Feel free to add any relevant employment not listed here. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** List references other than relatives/former employers whom you have known for at least one year.

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

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I have received a copy of the Job Description for this position.

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements will render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree the Town of Oregon shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, State, County or Federal agencies; municipalities; or persons to give to the Town of Oregon any information requested regarding my employment, character, experience, credit record, and qualifications and/or suitability for employment with the Town of Oregon, including a check of my fingerprints and police records for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to final appointment to a position with the Town of Oregon. Refusal to participate will result in the rejection of my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

