



"In the Spirit of Town Government"

Town of Buchanan  
N178 County Rd N  
Appleton, WI 54915  
Phone: 920-734-8599

**PRE-EMPLOYMENT APPLICATION**

Fax: 920-734-9733 Web: www.townofbuchanan.org

Town of Buchanan is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**INSTRUCTIONS - Please read carefully:**

1. A separate application must be completed and submitted for each position for which you seek consideration.
2. You must fully and accurately complete the Application for Employment. If needed, please keep this application and return it when you have the full information. We may use the given information in the application to investigate the applicant's previous employment and background.
3. Applicants who need assistance in filling out the application should inform the person who provided this form.

**Title of Position Applied For:** \_\_\_\_\_

First Date Available for Work: \_\_\_\_\_ Last Date Available for Work: \_\_\_\_\_  
(Seasonal Positions Only)

NAME \_\_\_\_\_ RES. PHONE \_\_\_\_\_

ADDRESS (STREET) \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

(CITY, STATE, ZIP CODE) \_\_\_\_\_

Are you at least 18 years of age?  Yes  No  
 Are you a resident of the Town of Buchanan?  Yes  No  
 Have you ever been employed by the Town of Buchanan?  Yes  No

If yes, when, in what position? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please Explain: \_\_\_\_\_

**EDUCATION**

HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECONDARY SCHOOL \_\_\_\_\_

DID YOU GRADUATE?  Yes  No

NAME/LOCATION OF HIGH SCHOOL \_\_\_\_\_ GRADE POINT AVERAGE: \_\_\_\_\_

AWARDS, ACHIEVEMENTS, HONORS RECEIVED: \_\_\_\_\_

If you have not received a high school diploma, have you passed a high school equivalency or GED test?  Yes  No

**TRAINING BEYOND HIGH SCHOOL (COLLEGE OR UNIVERSITY) \_\_\_\_\_**

College, University or School Name and Location	Presently Attending	Major Field	Degree Conferred and Year
_____	YES NO	_____	_____
_____	YES NO	_____	_____
_____	YES NO	_____	_____

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, etc. List dates attended.

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

**EMPLOYMENT HISTORY**

List your past three WORK experiences (paid or volunteer) starting with the most recent.

1)  
 Position Held \_\_\_\_\_ Position Description \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

2)  
 Position Held \_\_\_\_\_ Position Description \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

3)  
 Position Held \_\_\_\_\_ Position Description \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

List any other relevant job experiences or qualifications: \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid Drivers License? [ ] Yes [ ] No Drivers License # \_\_\_\_\_

Do you have a valid CDL? [ ] Yes [ ] No CDL License # \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR THAT WE MAY CONTACT

NAME	DAYTIME PHONE OR CELL NUMBER	HOW ACQUAINTED	YEARS ACQUAINTED
1			
2			
3			

### Authorization and Release

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that my application will not be given further consideration if I have provided any false statements or omissions during the application process. I also understand that if I am employed, any false statements or omissions can lead to immediate dismissal, and I agree that the Town shall not be held liable in any respect if my employment is terminated for that reason. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history. I authorize the companies, schools, and any persons named in this application to give any information requested regarding my employment, character, and qualifications, and I release, hold harmless and agree to indemnify the Town and the companies, schools, and persons from or for any liability related to the release of or the failure to release any information. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause. I further understand that any offer of employment may be conditioned upon the results of a physical or mental examination and my cooperation in such process.

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(Signature)

(Date)