

Town of Koshkonong

Employment Application

W5609 Star School Road
Fort Atkinson, WI 53538
920-563-4510

www.koshkonongwi.com
[email: t.koshkonong@gmail.com](mailto:t.koshkonong@gmail.com)



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Birthdate: _____ Social Security No.: _____

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Desired Work Schedule: _____

How were you referred? Advertisement Publication: _____ Employee Name: _____
 Other Please Specify: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

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

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

I certify that my answers are true and complete to the best of my knowledge and I am aware that misrepresentation or omission of facts called for on this form is grounds for rejection of my application or immediate discharge from the Town's employment. I voluntarily give the Town of Koshkonong the right to make a thorough investigation of my past employment, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or cooperation's supplying such information.

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months.

It is hereby understood and acknowledged that any employment relationship with the Town is "at will", which means I may resign at any time and the Town may discharge me at any time for any reason with or without notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged and authorized in writing by the Town Board.

Signature: _____

Date: _____