## **JOB APPLICATION**

## VILLAGE OF MINONG 123 5TH AVE, Minong, Wisconsin 54859 715-466-2322

VILLAGE OF MINONG is an equal opportunity, at will, employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Village Office 715-466-2322.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address.		
Date of Application:		
Employment Position		
Position(s) applying for: Assistant to the Clerk Treasurer		
How did you hear about this position?		
What days are you available for work?		
If needed, are you available to work overtime?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Salary or hourly rate desired:		
Personal Information		
Have you ever applied to or worked for VILLAGE OF MINONG before?	Yes	No
If yes, when?		
Do you have any friends, relatives, or acquaintances working for VILLAGE OF MINONG If yes, state name & relationship:	Yes	No
	<del></del>	
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		
Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No
If yes, please describe accommodations required below.	103	140
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Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:		

ob Skills/Qualifications/Certific	cations and Licenses ations, certifications and licenses you p	access for the position for wh	ich vou ere enplying:
riease list below the skills, qualifica	ations, certifications and licenses you p	lossess for the position for whi	ich you are applying:
igible applicants/employees to pe a medical examination conducte ducation and Training	rform essential functions. It is possible d by a medical professional.)	that a hire may be tested on	skill/agility and may be subject
igh School Name	Location (City, State)	Year Graduated	Degree Earned
Name	Location (Oity, State)	Teal Gladdated	Degree Larried
ollege/University		<u> </u>	
Name	Location (City, State)	Year Graduated	Degree Earned
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ocational School/Specialized Tr Name	Location (City, State)	Year Graduated	Degree Earned
Name	Location (Oity, State)	Teal Gladdated	Degree Larried
Are you a member of the Armed Solution What branch of the military did you what was your military rank when How many years did you serve in	Services?  u enlist?  discharged?  the military?	nn2	
What military skills do you posses:	s that would be an asset for this position	1111	
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Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:  Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: Employer Name: Job Title: Supervisor Name: Employer Telephone: Dates Employed: Reason for leaving: Employer Address: City, State and Zip Code: Employer Address: City, State and Zip Code: Employer Name: Job Title: Supervisor Name: Dates Employed: Reason for leaving: Employer Telephone: Dates Employed: Reason for leaving: Employer Name: Job Title: Supervisor Name: Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:	<u>Previous Employment</u> Employer Name:		
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