

N3496 Como Road
Lake Geneva, WI 53147

Phone (262) 248-8497
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TOWN OF GENEVA APPLICATION FOR EMPLOYMENT

Town of Geneva is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, or the presence of any physical or mental medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information.

This application will be given complete consideration, but its receipt does not imply that the applicant will be employed. This application must be received by Town of Geneva Personnel Department by the position deadline date. Town of Geneva is not responsible for delays in mailing.

TOWN OF GENEVA IS A SMOKE-FREE WORKPLACE EMPLOYER

Position Applied For: _____

Type of Work desired: Full Time Part Time Casual Limited Term Date available to start work _____

PERSONAL DATA:

Name _____ Social Security Number _____

Current Address _____
Street Address or Box Number City State Zip

Permanent Address _____
(Leave Blank if the same as your current address)

Daytime Phone () _____ Evening Phone () _____

GENERAL INFORMATION: (Circle answer)

1. Have you ever applied for a job with the Town of Geneva in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different. Yes No
2. Have you ever been employed with the Town of Geneva? If yes, please give the dates of employment and position you held. State your name at that time, if different from the present. Yes No
3. Are you 18 years of age or older? If no, you are required to furnish a work permit if hired. Yes No
4. If hired, can you furnish proof that you are eligible to work in the United States as required by Federal law? (If unsure of the documents needed to prove eligibility to work in the U.S., we will be happy to explain the legal requirements). If no, please explain: Yes No
5. Do you have any commitments that might effect your ability to work the normal days/hours required for the position you are applying for? If yes, please explain: Yes No

EMPLOYMENT HISTORY FOR PAST 10 YEARS:

PRESENT & FORMER EMPLOYERS
(List Most Recent First)

| | |
|---|---|
| COMPANY NAME | JOB TITLE & DUTIES |
| PHONE () | |
| ADDRESS | DATES OF EMPLOYMENT From _____ To _____ |
| CITY, STATE, ZIP | REASON FOR LEAVING |
| SUPERVISOR | DID YOU LEAVE VOLUNTARILY? Yes _____ No _____ |
| NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT | HOURLY RATE Start _____ Last _____ AVERAGE NUMBER OF HRS/WEEK WORKED _____ |

MAY WE CONTACT THIS EMPLOYER? Yes No

| | |
|---|---|
| COMPANY NAME | JOB TITLE & DUTIES |
| PHONE () | |
| ADDRESS | DATES OF EMPLOYMENT From _____ To _____ |
| CITY, STATE, ZIP | REASON FOR LEAVING |
| SUPERVISOR | DID YOU LEAVE VOLUNTARILY? Yes _____ No _____ |
| NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT | HOURLY RATE Start _____ Last _____ AVERAGE NUMBER OF HRS/WEEK WORKED _____ |

MAY WE CONTACT THIS EMPLOYER? Yes No

| | |
|---|---|
| COMPANY NAME | JOB TITLE & DUTIES |
| PHONE () | |
| ADDRESS | DATES OF EMPLOYMENT From _____ To _____ |
| CITY, STATE, ZIP | REASON FOR LEAVING |
| SUPERVISOR | DID YOU LEAVE VOLUNTARILY? Yes _____ No _____ |
| NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT | HOURLY RATE Start _____ Last _____ AVERAGE NUMBER OF HRS/WEEK WORKED _____ |

MAY WE CONTACT THIS EMPLOYER? Yes No

EMPLOYMENT HISTORY (cont'd):

| | |
|--|---|
| COMPANY NAME PHONE () | JOB TITLE & DUTIES |
| ADDRESS | DATES OF EMPLOYMENT From _____ To _____ |
| CITY, STATE, ZIP | REASON FOR LEAVING |
| SUPERVISOR | DID YOU LEAVE VOLUNTARILY? Yes _____ No _____ |
| NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT | HOURLY RATE Start _____ Last _____ AVERAGE NUMBER OF HRS/WEEK WORKED _____ |
| MAY WE CONTACT THIS EMPLOYER? Yes _____ No _____ | |
| COMPANY NAME PHONE () | JOB TITLE & DUTIES |
| ADDRESS | DATES OF EMPLOYMENT From _____ To _____ |
| CITY, STATE, ZIP | REASON FOR LEAVING |
| SUPERVISOR | DID YOU LEAVE VOLUNTARILY? Yes _____ No _____ |
| NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT | HOURLY RATE Start _____ Last _____ AVERAGE NUMBER OF HRS/WEEK WORKED _____ |
| MAY WE CONTACT THIS EMPLOYER? Yes _____ No _____ | |

Please account for any time you were not employed after leaving school in the past ten years (you need not list any unemployment periods of one month or less).

Time Period(s)

Reason(s) for Unemployment

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IF YOU WERE UNABLE TO LIST ALL PAST JOB OR PERIODS OF UNEMPLOYMENT ON THIS FORM, PLEASE ATTACH ADDITIONAL INFORMATION ON A BLANK SHEET OF PAPER.

IMPORTANT

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I attest that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered after hire. I agree to immediately notify the Town of Geneva if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired.

_____ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the Town of Geneva to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the Town of Geneva may request a background investigation. I understand that the background investigation may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that I have the right to make a written request to the Town of Geneva, within a reasonable time, for the disclosure of the nature and scope of the background investigation.

_____ Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompany resume, if any) to provide the Town of Geneva with relevant information and opinion that may be useful to the Town of Geneva in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements

_____ Initials

I give permission for a complete post offer physical examination, including a drug screening exam and x-rays, and I consent to the release to the Town of Geneva of any and all medical information, as may be deemed necessary in judging my capability to do the work for which I am applying. If the examination discloses medical conditions that prevent me from successfully performing the essential functions of the job, the Town of Geneva will attempt to make accommodations to allow me to work. If no reasonable accommodations can be found, or they cause an undue hardship on the Town of Geneva, the offer of employment will be withdrawn.

_____ Initials

I understand that if my employment is terminated by the Town of Geneva for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with the Town of Geneva.

_____ Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME DURING THE PROBATION PERIOD. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

_____ Initials

Signed _____ Date _____

INSERT #1

Please complete the following questions as completely as possible. The information provided will assist us to more accurately evaluate your application.

NAME _____ DATE _____

1. Do you currently have a Combination CDL Driver's License? YES () NO ()

What type of CDL License do you hold? _____

Drivers License Number _____

What endorsements do you have _____

- Have you had any violations on your license in the past 7 years? YES () NO ()

2. Please outline your experience in driving heavy trucks with manual transmissions. Include the make and model of the trucks you are most familiar with, the routine maintenance you have done on these trucks, and the hours you spent driving or mileage you logged in each truck driven.

3. Outline your work experience or education in road construction or road maintenance. Include the types of projects you've worked on, hours spent on each project and equipment you have used (i.e. grader, seal coat, ch spreader, end loader, dump truck, rollers, backhoe, etc.)

4. Do you have experience plowing snow with a 5 yard dump truck? YES () NO ()

If yes, have you plowed at high speed (over 25 mph) in high traffic areas? YES () NO ()
Have you plowed during a snow storm? YES () NO ()

5. Have you operated a snow plow that has a wing plow? YES () NO ()
If yes, please describe your experience. (Include number of hours you have spent plowing snow.)

6. Outline your roadside maintenance experience, such as patching, mowing, shoulder repair, tree trimming/removal, etc. Include the number of hours you estimate you have spent doing each of these tasks.

7. Do you have experience operating a brush chipper? YES () NO ()
If yes, please outline your experience noting the model chipper used and number of hours you have logged on the chipper.

8. Do you have experience operating a rear-mount deck or side-mount deck lawn mower (minimum width of 5 feet)? YES () NO ()
If yes, please describe your experience.

9. Due to the nature of the job and its focus on road maintenance, there are times you may be asked to work long hours in inclement conditions. You also may be called to come into work at unusual hours. Have you had any previous jobs where you were on-call and worked holidays and/or weekends? YES () NO ()

10. List any other skills/abilities you feel you have that make you a good candidate for this position at the Highway Department.

SPECIAL QUESTIONS:

A. Do you have a valid drivers license? YES () NO ()

B. During the past seven years, have you ever been denied a driver's license, or convicted of a moving traffic offense, including, but not limited to, driving while intoxicated or reckless driving? If yes, please explain:

| <u>CHARGE</u> | <u>NATURE OF OFFENSE</u> | <u>DATE</u> | <u>CITY/STATE</u> | <u>DISPOSITION</u> |
|---------------|--------------------------|-------------|-------------------|--------------------|
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C. Do you have all the licenses and professional certifications listed in the job announcement, job advertisement, or job description for the job(s) you are applying for? YES () NO ()

Please attach copies of all licenses/certifications required for this job to your application.

NAME _____ DATE _____

INSERT #2

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during their employment, without regard of their race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military status or any non-job-related disability or medical condition.

As an employer taking affirmative action to insure the removal of any possible past discrimination, and to help comply with governmental record-keeping requirements, we would ask your cooperation in completing this form. However, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY and will not be considered as a disqualifying factor for employment. This information will be kept in a confidential file. SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT, and is for statistical purposes only.

Name: _____ Position Applied For: _____

PERSONAL TRAITS:

(Please circle whichever is applicable)

- Sex: Male Female
Marital Status: Single Married
Race / Ethnic African American American Indian/
 Hispanic Asian/Pacific Islander Alaskan Native
Age: Under 40 40 years or older
 Not disabled Disabled

If disabled, please circle any of the following that describes your disability:

- Vision Hearing Mobility Other: _____

SPECIAL NOTICE TO DISABLED VETERANS and VIETNAM ERA VETERANS

Government contractors are subject to Section 402 of the Vietnam Veterans Readjustment Act of 1974 that requires contractors to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era.

If you are a Disabled Veteran or a Vietnam Era Veteran, check the appropriate category(ies) below:

- DISABLED VETERAN VIETNAM ERA VETERAN

| SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | CREDIT EARNED & GPA | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | GIVE TYPE & DATE OF DEGREE OR DIPLOMA |
|--------|-----------------------------|-----------------|---------------------|------------------------|-------------------|---------------------------------------|
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**REQUIRED INFORMATION SUPPLEMENT
CONVICTION RECORD INFORMATION**

IMPORTANT: PLEASE READ ENTIRE DOCUMENT BEFORE COMPLETING.

Employment may be refused to any individual who is subject to a pending criminal charge, has been convicted of a felony, misdemeanor or other offense, or is not bondable (where bondability is required), if the circumstances of the pending charge or conviction substantially relate to the circumstances of the particular job.

Information provided on this form will be evaluated by the Personnel Department on a case-by-case basis and will only be shared with the appointing authority when it is determined that the circumstances of a pending charge or conviction substantially relate to the circumstances of the particular job. Upon request, you may discuss any circumstance confidentially with a Personnel Analyst in the Personnel Department.

Any false information or omission on this form will disqualify you from further consideration for employment, and will be grounds for dismissal, if discovered at a later date.

I agree to immediately notify The Town of Geneva of any changes in this information while my job application is pending.

NAME: _____ SOCIAL SECURITY #: _____

POSITION APPLYING FOR: _____ POSTING #: _____

Have you ever been convicted of a felony, misdemeanor or other violation of law, other than a minor traffic violation? _____ Yes _____ No

Are you subject to any pending charges at this time? _____ Yes _____ No

If you answered "yes" to either of the above questions, please complete the chart below:

| <u>CHARGE</u> | <u>NATURE OF OFFENSE</u> | <u>DATE</u> | <u>CITY/STATE</u> | <u>DISPOSITION</u> |
|---------------|--------------------------|-------------|-------------------|--------------------|
|---------------|--------------------------|-------------|-------------------|--------------------|

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APPLICANT'S SIGNATURE: _____ DATE: _____