

VILLAGE OF POYNETTE
EMPLOYMENT APPLICATION
POLICE ADMINISTRATIVE ASSISTANT

PERSONAL INFORMATION			
NAME:	FIRST:	M.I.	LAST:
PRESENT ADDRESS:			P.O. BOX:
CITY:		STATE:	ZIP:
PHONE:	Home: ()	Other: ()	
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a U.S. Citizen or otherwise legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Driver's License #:			STATE:
COMMERCIAL D.L.#:			STATE:
<p>Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide further information as to the date, location of court, nature of the offense, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. (The Village of Poynette will consider your record only as it may substantially relate to the job for which you are applying.)</p>			
EDUCATIONAL INFORMATION	Name, Address, City & State	Number of Years Attended	Diploma or Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			
Graduate			
Other			
(Information about your education will be used only where relevant and to assist in determining what positions might be appropriate for consideration)			
SKILLS OR ADDITIONAL TRAINING (bookkeeping, accounting, equipment operation, etc.)			
PREVIOUS EMPLOYERS (Please list all previous employers, beginning with current or most recent employer. Attach an additional sheet if necessary.)			
COMPANY NAME:			DATES:
ADDRESS:			REASON FOR LEAVING:
CITY:		STATE:	ZIP:
LIST JOB TITLE AND YOUR DUTIES:			PHONE: SALARY:
COMPANY NAME:			DATES:
ADDRESS:			REASON FOR LEAVING:
CITY:		STATE:	ZIP:
LIST JOB TITLE AND YOUR DUTIES:			PHONE: SALARY:
COMPANY NAME:			DATES:
ADDRESS:			REASON FOR LEAVING:
CITY:		STATE:	ZIP:
LIST JOB TITLE AND YOUR DUTIES:			PHONE: SALARY:

COMPANY NAME:		DATES:	
ADDRESS:		REASON FOR LEAVING:	
CITY:		STATE:	ZIP:
LIST JOB TITLE AND YOUR DUTIES:		PHONE:	SALARY:
COMPANY NAME:		DATES:	
ADDRESS:		REASON FOR LEAVING:	
CITY:		STATE:	ZIP:
LIST JOB TITLE AND YOUR DUTIES:		PHONE:	SALARY:
ARE YOU PRESENTLY EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE AVAILABLE	SALARY EXPECTATION	
PERSONAL REFERENCES (Please list three personal or professional references that are NOT related to you.)			
1.NAME:	PHONE: ()	OCCUPATION:	
2.NAME:	PHONE: ()	OCCUPATION:	
3.NAME:	PHONE: ()	OCCUPATION:	

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information I have provided on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements or information provided by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand this application will be considered inactive after ninety (90) days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Applicant's Signature _____ Dated: _____

The Village of Poynette is an equal opportunity employer and does not discriminate on the basis of race, national origin, religion, age, sex, handicap or disability or other basis prohibited by applicable local, state or federal fair employment laws or regulations. Applicants with a disability may request accommodations needed in the application and/or interview process.

VILLAGE OF POYNETTE

EMPLOYMENT RECORD

ADDENDUM TO EMPLOYMENT APPLICATION OF _____ [Name]

COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY:
COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY:
COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY:
COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY:
COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY:
COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY:
COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY:
COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY:
COMPANY NAME:		DATES:		
ADDRESS:		REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:
LIST JOB TITLE AND YOUR DUTIES:				SALARY: