



Town of Westford
PO Box 25, 30874 Cty Rd I
Cazenovia, WI 53924

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____

Last First Middle Maiden

Present address _____

Number Street City State Zip

Marital Status: _____ **Cell:** _____ **Email:** _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Employment desired ☐ **FULL-TIME ONLY** ☐ **PART-TIME ONLY**

When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ University				
Professional or Graduate School				

Do you have a CDL License? ☐ **Yes** ☐ **No** **Expiration Date:** _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

WORK EXPERIENCE (Continued)

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer
Address
City, State, Zip
Phone number

Name of last supervisor

Employment dates

Pay or salary

From
To

Start
Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete this application yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who did? _____		

APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job application by the Town of Westford, I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or Town of Westford practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Westford Township, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chairman of the Town of Westford. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town of Westford may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town of Westford permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town of Westford from any liability as a result of this contract.

I also understand that (1) the Town of Westford has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Town of Westford may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Town of Westford will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment with the Town of Westford shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Town of Westford is terminable at will for any reason by either party.

Signature _____ Date _____