



317 S. MAIN ST.
JEFFERSON, WISCONSIN 53549
674-7700



Position Applying for: _____

Personal Information

Last Name: _____ First Name: _____ MI: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ - _____ Business Telephone: () _____ - _____

Education

High School Attended: _____

City/Village: _____ State: _____

Did you graduate? Yes No GED Certificate? Yes No

College Attended: _____

City/Village: _____ State: _____ From (Mo/Yr): __/__/__ To: __/__/__

Did you graduate? Yes No Degree/Major: _____

College Attended: _____

City/Village: _____ State: _____ From (Mo/Yr): __/__/__ To: __/__/__

Did you graduate? Yes No Degree/Major: _____

College Attended: _____

City/Village: _____ State: _____ From (Mo/Yr): __/__/__ To: __/__/__

Did you graduate? Yes No Degree/Major: _____

Special Skills or Training

Employment History

(Begin with current or most recent employer)

From (Mo/Yr): ___/___/___ To: ___/___/___ Position Title or Job Classification: _____ Duties: _____ _____ _____ _____ Reason for Leaving: _____	Employer's Name & Address: _____ _____ Supervisor's Name & Phone: _____ _____ Annual Salary/Wages: _____
May we contact your current employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo/Yr): ___/___/___ To: ___/___/___ Position Title or Job Classification: _____ Duties: _____ _____ _____ _____ Reason for Leaving: _____	Employer's Name & Address: _____ _____ Supervisor's Name & Phone: _____ _____ Annual Salary/Wages: _____
May we contact your current employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<i>Military Service</i>				
Branch of Service	Mo/Yr Served From To	Active Duty or Reserve	Highest Grade	Skill/Specialty or Primary Duty
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

References
(Avoid listing members of the clergy)

Name: _____ Address: _____
 Position/Title/Profession: _____

 Telephone: _____
Approximately how many years has this individual known you? _____

Name: _____ Address: _____
 Position/Title/Profession: _____

 Telephone: _____
Approximately how many years has this individual known you? _____

Name: _____ Address: _____
 Position/Title/Profession: _____

 Telephone: _____
Approximately how many years has this individual known you? _____

Supplementary Information

Type of employment desired: Full-time Part-time Temporary

Are you now or were you ever employed by the City of Jefferson? Yes No

If yes what position? _____

From: ___/___ To: ___/___ Reason for leaving: _____

List any relatives employed by or currently holding an appointive or elective position in this City: _____

Do you have a valid Wisconsin driver's license? Yes No

(A valid Wisconsin driver's license is considered only when it relates to the duties of the position you have applied for.)

Have you ever been convicted of a felony? Yes No

(If yes, please attach separate sheet giving full information.)

Applicant - Please Read Carefully and Sign Below

All information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application, are complete, correct and true to the best of my knowledge.

I understand that if I am selected for employment, false information provided or false statements made as part of this application may be considered as cause for dismissal.

Applicant's signature

Date signed

Please note that an original application must be submitted to the respective Department prior to consideration for the position. In the interest of time, faxed applications may be temporarily accepted.