



**Employment  
Application**

**The Town of Linn  
W3728 Franklin Walsh St  
PO Box 130  
Zenda, WI 53195**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Driver's License # \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Full Time  Part Time  Temporary

Are you a U.S. Citizen or do you have a U.S. work permit? Yes  No

Are you at least 18 years of age? Yes  No

Do you have a CDL ? Yes  No

Have you ever been convicted of any violations of law other than minor traffic violations? Yes  No   
(The City does not use a conviction record unless it is substantially related to circumstances of the particular job.)

If yes, please explain, including when and where (Use additional sheet if necessary.) \_\_\_\_\_

**EDUCATION AND TRAINING:**

Circle the highest grade completed in school 1 2 3 4 5 6 7 8 9 10 11 12	Did you graduate high school? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Location of High School	Have you passed a G.E.D. Equivalency? Yes <input type="checkbox"/> No <input type="checkbox"/>

**TRAINING BEYOND HIGH SCHOOL** – college, university, technical school, military school, or other schools you have attended. Please list below.

Name	Location	Dates Attended	Major Field	GPA/Base	Degree Earned

Describe any training you have that is not covered, such as correspondence courses, in-service training, or volunteer work which you feel is relevant to the job for which you are applying. Also include relevant licenses, certificates, typing speed, dictation rate and office machines you operate. Be specific.

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**WORK EXPERIENCE**      May we contact your present employer?      Yes       No

Provide a complete description, and be certain to include service in the armed forces. Also, please indicate any changes in position under the same employer. Begin with your most recent employer.

1. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

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2. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

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3. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

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4. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

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**Equal Opportunity Statement**

The Town of Linn is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, handicap, physical condition, arrest or conviction received, age or any other area as prescribed below.

**Confidentiality**

I hereby request that this application be kept confidential to the degree allowed under Wisconsin Statutes. I understand, however, that this application may be an open record under Wisconsin laws and subject to public inspection.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification Statement**

I authorize the investigation of my personal character or employment record, and I hereby release all persons providing this information from any liability or damages. Photocopies of release are acceptable. I certify that all answers to questions in this application are true and I agree that my misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the Town service. The Town of Linn has a policy of pre-employment drug screening. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_