

# Village of Slinger

Incorporated 1869  
Washington County

300 Slinger Road  
Slinger, Wisconsin 53086



# Slinger Utilities

Electric, Water, Sewer,  
& Stormwater

Telephone: (262) 644-5265  
Facsimile: (262) 644-6341

### APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS

1. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete application may prohibit you from proceeding in the evaluation process for this position.
2. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal.
3. Date and sign the application on page 4
4. Keep a copy of application materials for your files.

POSITION APPLYING FOR \_\_\_\_\_

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES OF THE POSITION APPLIED FOR WITH OR WITHOUT AN ACCOMMODATION  YES  NO

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
NO. STREET CITY STATE ZIP

PHONE NUMBER : (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN ON OFFICIAL RECORDS:  
\_\_\_\_\_

HAVE YOU FILED AN APPLICATION OR BEEN EMPLOYED HERE BEFORE?  YES  NO  
DATES \_\_\_\_\_

DO YOU WISH TO HAVE THE INFORMATION CONTAINED IN YOUR APPLICATION MATERIALS TO REMAIN CONFIDENTIAL TO THE EXTENT OF THE LAW?  YES  NO

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO IF UNDER 18, HOW OLD ARE YOU? \_\_\_\_\_  
YRS. MOS.

DUE TO LIMITATIONS ON EMPLOYMENT OF RELATIVES, LIST THE NAMES AND EXACT RELATIONSHIP OF ANY RELATIVES WHO ARE VILLAGE OF SLINGER EMPLOYEES:  
\_\_\_\_\_

### MILITARY SERVICE

Have you served in the military?  YES  NO

Which branch? \_\_\_\_\_ Dates of service? \_\_\_\_\_

Type of discharge? \_\_\_\_\_

List any duties performed in the military which may be related to the job being sought.  
\_\_\_\_\_  
\_\_\_\_\_

IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, THE VILLAGE WILL EMPLOY ONLY PERSONS LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES. EMPLOYMENT, IF OFFERED, IS CONDITIONAL UPON THE INDIVIDUAL'S ABILITY TO ESTABLISH VERIFICATION OF IDENTITY AND AUTHORIZATION TO WORK WITHIN THREE BUSINESS DAYS OF COMMENCEMENT OF EMPLOYMENT.

THE VILLAGE OF SLINGER IS AN EEO EMPLOYER.  
WOMEN, MINORITIES, AND INDIVIDUALS WITH DISABILITIES ARE ENCOURAGED TO APPLY.

<b>EDUCATION AND TRAINING</b>			
CIRCLE THE HIGHEST GRADE OR YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	NAME & LOCATION OF HIGH SCHOOL		DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED EQUIVALENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
TRAINING BEYOND HIGH SCHOOL (COLLEGE OR UNIVERSITY, BUSINESS COLLEGE OR OTHER SCHOOLS YOU HAVE ATTENDED.)		CIRCLE THE NUMBER OF YEARS COMPLETED IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8	
NAME AND LOCATION	DATES ATTENDED FROM TO	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR DEGREES CONFERRED AND YEAR
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE ANY EDUCATION AND TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS VOCATIONAL SCHOOL, CORRESPONDENCE COURSES, SERVICE SCHOOLS, IN-SERVICE TRAINING, OR VOLUNTEER WORK WHICH YOU FEEL IS RELEVANT TO THE JOB YOU ARE APPLYING FOR. ALSO INCLUDE RELEVANT LICENSES OR CERTIFICATES. BE SPECIFIC AND INCLUDE DATES.			

<b>EMPLOYMENT HISTORY</b>			
WORK EXPERIENCE: PROVIDE A COMPLETE DESCRIPTION, START WITH YOUR MOST RECENT JOB AND WORK BACK. BE SURE TO INCLUDE SERVICE IN THE ARMED FORCES. EXPLAIN ANY GAPS BETWEEN PERIODS OF EMPLOYMENT. IF MORE SPACE IS REQUIRED, CONTINUE ENTRIES ON SEPARATE SHEET ARRANGED AS BELOW AND ATTACH TO APPLICATION. <b>ALTHOUGH RESUMES ARE WELCOME, THEY MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUESTED BELOW.</b>			
NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS, CITY & STATE	YOUR JOB TITLE		
YOUR DUTIES	DATES EMPLOYED FROM TO	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RATE OF PAY BEGINNING \$ ____ PER ____	RATE OF PAY ENDING \$ ____ PER ____	
	<b>REASON FOR LEAVING OR CONSIDERING LEAVING</b>		

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ADDRESS, CITY & STATE	YOUR JOB TITLE		
YOUR DUTIES	DATES EMPLOYED FROM TO	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RATE OF PAY BEGINNING \$ ____ PER ____	RATE OF PAY ENDING \$ ____ PER ____	
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YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
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	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
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	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
	<b>REASON FOR LEAVING OR CONSIDERING LEAVING</b>	

WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION?  YES  NO  
 IF YES, EXPLAIN: \_\_\_\_\_

**PLEASE COMPLETE REMAINDER OF THIS APPLICATION ON PAGE 4**

**ADDITIONAL INFORMATION:** (List the machines or equipment you can operate such as office machines, construction equipment, trucks, etc., and you may use this space for any additional information or comments relative to your application. Also, if currently licensed or registered as a member of some profession or trade, indicate type of license or certificate and date issued.)

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DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO LICENSE NUMBER \_\_\_\_\_

COMMERCIAL DRIVER'S LICENSE?  YES  NO

HAVE YOU EVER BEEN **CONVICTED** OF ANY VIOLATIONS OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?  
 YES  NO IF YES, FOR WHAT HAVE YOU BEEN CONVICTED, WHEN, WHERE AND PENALTY IMPOSED?

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IF YOU HAVE LISTED A CONVICTION(S) ABOVE, PLEASE PROVIDE YOUR BIRTHDATE. BIRTHDATES WILL BE USED FOR CONVICTION VERIFICATION ONLY. \_\_\_\_\_

**NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT, BUT ARE REVIEWED IN RELATION TO THE JOB FOR WHICH YOU APPLIED. CONVICTIONS NOT REPORTED MAY BE CAUSE FOR DISCHARGE.**

**CAREFULLY READ THIS APPLICATION AND YOUR ANSWERS AND THE CERTIFICATION AND AGREEMENT BELOW BEFORE SIGNING.**

**APPLICANT CERTIFICATION AND AUTHORIZATION**

By signing below, I certify that the answers given by me to the foregoing questions and/or statements are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission from or on the Employment Application, or any other document, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I understand that the Village shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me on this Employment Application or any other document.

I hereby authorize the Village to conduct a criminal records check and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, previous employers and education institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information. I also authorize the companies, schools or persons named in this document to give any information, transcripts, records, or documents requested regarding said companies, school or persons from any and all liability for any damage that may result from furnishing this information to the Village. This release includes the sources cited in this application and specific examples as follows: information from the police department of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin Consolidated Court Automation Program (CCAP) or other websites or government offices that maintain court records, the driving records maintained by the Wisconsin Department of Transportation and other government agencies.

I understand that I may be required to undergo a post-conditional employment offer physical examination, which may include drug and/or alcohol test to the Village of Slinger. I understand that I may be required to undergo future such examinations and tests and that my employment is contingent upon successful completion of such tests. I understand and release the Village from any and all liability with respect to such examinations and test, and hold the Village harmless for any decision made by the Village in this respect.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

I agree to conform to the rules, regulation and policies of the Village.

I understand my completion of this Employment Application does not obligate the Village to offer me a job, nor does it obligate me to accept a job with the Village of Slinger.

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SIGNATURE OF APPLICANT

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DATE

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Village will be based on your merit and qualifications and no other consideration.

**Village of Slinger**  
Supplementary Applicant Information

It is the policy of the Village of Slinger to provide equal employment opportunities to all individuals regardless of age, sex, race, creed or religion, color, handicap or disability, marital status, citizenship status, veteran status, national origin, ancestry, sexual orientation, arrest record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or this state, use of lawful product while off duty, or any other characteristic protected by law. This policy applies to all employment decisions including but not limited to, recruitment, hiring, promotion, compensation, transfers, layoffs, benefits, discipline, termination and other terms and conditions of employment.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially, filed separately and used only to help us monitor the Village's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

**PLEASE PRINT OR TYPE**

POSITION APPLIED FOR \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip

SEX:  MALE  FEMALE

**RACE/ETHNIC GROUP:**

- Black/African American** (not of Hispanic origin)
- Asian American/Pacific Islander/Far Eastern/Indian Subcontinent** (i.e. Southeastern Asian, China, Japan, Korea, the Philippine Islands and Samoa)
- American Indian/Alaskan Native**
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American**
- White/Caucasian/European/North African/Middle Eastern**

**RECRUITING INFORMATION:**

How did you hear about this job? (Please check one)

- Newspaper/Radio (please specify) \_\_\_\_\_
- Professional journal/Magazine (please specify) \_\_\_\_\_
- Community organization (please specify) \_\_\_\_\_
- Village Hall bulletin board/walk-in
- Present Village employee
- Internet

The above completed information is true to the best of my knowledge

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NOTE: IF YOU NEED TEST ACCOMMODATIONS, PLEASE COMPLETE THE BACK OF THIS FORM.

*TESTING ACCOMMODATIONS*

In accordance with State and Federal laws, the Village of Slinger is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

“Major life activities” means functions such as caring for one’ self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

YES  NO

If yes, what kind of accommodations will you need?

- A signer
- A reader
- Extra time
- Other (please describe) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Provisions of test accommodations may be granted by the Personnel Department only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.*

PLEASE COMPLETE REMAINDER OF THIS APPLICATION ON PAGE 4.