



VILLAGE OF ALLOUEZ
 1900 LIBAL ST
 GREEN BAY WI 54301-2453
www.villageofallouezwi.gov

Phone 920-448-2800
 Fax 920-448-2850

DATE _____
 APPLICATION FOR EMPLOYMENT
 (An Equal Opportunity Employer)

Position Applying For: _____

First Date Available for Work: _____

*Seasonal Employment Only - Last Date Available for Work: _____

NAME: _____ PHONE: _____
 (Please include: first name, middle initial, last name)

E-mail address: _____

ADDRESS (STREET) _____

(CITY, STATE, ZIP CODE): _____

Are you at least 18 years of age? Yes No
 Have you ever been employed by the Village of Allouez? Yes No

If yes, when, in what position? _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

EDUCATION

HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECONDARY SCHOOL
 (Select from the Drop down Menu)

GRADUATE? Yes No

NAME AND LOCATION OF HIGH SCHOOL _____

If you have not received a high school diploma, Do you have the General Education Diploma (GED) ? Yes No

College, University or School Name and Location	Presently Attending	Major Field	Years Completed
_____	YES NO	_____	_____
_____	YES NO	_____	_____
_____	YES NO	_____	_____

List any additional education, relevant job experiences, certifications, licenses or skills that should be considered:

EMPLOYMENT HISTORY

List your past three WORK experiences (paid or volunteer) starting with the most recent.

1. Employer: _____ Job Title: _____ Job Duties: _____

 Address: _____ Phone: _____
 Supervisor: _____ Dates of Employment: FROM _____ TO _____
 Reason for Leaving: _____ Salary/Hourly Rate: STARTING _____ FINAL _____

2. Employer: _____ Job Title: _____ Job Duties: _____

 Address: _____ Phone: _____
 Supervisor: _____ Dates of Employment: FROM _____ TO _____
 Reason for Leaving: _____ Salary/Hourly Rate: STARTING _____ FINAL _____

3. Employer: _____ Job Title: _____ Job Duties: _____

 Address: _____ Phone: _____
 Supervisor: _____ Dates of Employment: FROM _____ TO _____
 Reason for Leaving: _____ Salary/Hourly Rate: STARTING _____ FINAL _____

May we contact your current/former employer? Yes No

If this position requires driving company vehicles – complete the following:

Do you have a valid Driver's License? Yes No Driver's License # _____
 Do you have a valid CDL? Yes No CDL License # _____

REFERENCES

Please list three professional references not related to you. If you don't have any, then list personal, unrelated references.

NAME	JOB TITLE	COMPANY NAME	PHONE NUMBER	RELATIONSHIP
1				
2				
3				

I certify that the facts contained in this application are true and complete to the best of my knowledge.

(Signature)

(Date)