

**Town of Lawrence Employment Application Form**  
**2400 Shady Court, De Pere, WI 54115**  
**Phone: (920) 336-9131      e-mail: patrickw@lawrencewi.gov**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

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**APPLICANTS MAY BE PRESCREENED/TESTED FOR ILLEGAL DRUGS OR SUBSTANCES**

DATE _____				
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State	Zip
How long at above address: _____				
Telephone: Home-(____) _____ Cell-(____) _____ Work-(____) _____				
If under 18, please list age _____				
Position applied for: _____			Days/hours available to work	
and wage desired: _____			No Preference	
(Be specific)			Thurs	
			Mon	
			Fri	
			Tue	
			Sat	
			Wed	
			Sun	
How many hours can you work weekly? _____ Can you work nights? _____				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
Date available for work? _____				
Are you a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If applicable, please list your visa type, visa number and expiration date: _____				
_____				

		EDUCATION		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?      ☐ No      ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

Effective Use Date:

## TOWN OF LAWRENCE APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?    ☐ Yes    ☐ No    Number \_\_\_\_\_State of issue \_\_\_\_\_    ☐ Operator    ☐ Commercial (CDL)    ☐ Chauffeur    Expiration date \_\_\_\_\_Have you had any accidents during the past three years?    ☐ Yes    ☐ No    How many? \_\_\_\_\_Have you had any moving violations during the past three years?    ☐ Yes    ☐ No    How Many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

## TOWN OF LAWRENCE APPLICATION FOR EMPLOYMENT

			MILITARY		
Branch of Service	Date Entered	Date Discharged	Active or Reserve	Highest Grade	Skill Specialty or Primary Duty

**Work Experience**

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

Employer Name and Address City, State, Zip Code  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.			

Employer Name and Address City, State, Zip Code  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.			

## TOWN OF LAWRENCE APPLICATION FOR EMPLOYMENT

**Work experience** Continued

Employer Name and Address City, State, Zip Code  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.			

Employer Name and Address City, State, Zip Code  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.			

May we contact your present employer? ☐ Yes ☐ NoDid you complete this application yourself ☐ Yes ☐ No

If not, who did? \_\_\_\_\_

Please use this area to explain any gaps in employment.

## TOWN OF LAWRENCE APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Town of Lawrence 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 other Town practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Town of Lawrence, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and Town of Lawrence may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Town of Lawrence may unilaterally change or revise their benefits, policies and procedures and such changes may include 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 Lawrence permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town of Lawrence from any liability as a result of such contact.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Under the provision so of Section 19.36 Wisconsin State Statutes, I request that my identity as an applicant for employment not be revealed without my consent or until required by law.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Town of Lawrence is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, national origin, religion, sex, sexual orientation, marital status, citizenship, military service membership, age or disability. We assure you that your opportunity for employment with Town of Lawrence depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment with Town of Lawrence.

# TOWN OF LAWRENCE

2400 Shady Court \* De Pere, WI 54115 \* 920-336-9131

## AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

The undersigned hereby authorizes inspection, review, copying, and full disclosure of all records concerning myself to any representation of the Town of Lawrence, Wisconsin, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information and records from any source, including, but not limited to the following:

1. Any educational institution.
2. Any business, public utility, financial or credit institution to obtain financial statements, records of loans, credit reports or ratings, or other records.
3. Military records including U.S. Veteran's Administration and Selective Service System.
4. Any motor vehicle records.
5. Employment, past employment and pre-employment records including, but not limited to, applications, background reports, complaints or grievances filed by or against me, disciplinary reports or letters, performance evaluations, supervisor's comments, wage rates, and work records.
6. Records and recollections of attorneys at law, or other counsel representing me or any other person in my case, criminal or civil, in which I presently have, or have had, an interest.
7. Any public or private social service agency.
8. Friends, relatives, and neighbors.

I understand that any information obtained directly or indirectly pursuant to this release will be considered in determining my suitability for acceptance as volunteer or in connection with continued employment.

I hereby release any individual, institution, or organization, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind relating to the disclosure of this information.

This consent shall remain in effect for one year from this date or the duration of my employment, whichever is longer.

A photocopy of this Authorization shall be considered as valid as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

Effective Use Date: