

## We're going outside.

Position Applying for:					
	Personal Information				
Last Name:	First Name:	MI:			
Street:					
City:	State:	Zip:			
Home Telephone: ( )	Business Telephone	:: ( )			
Email:					
	Education				
High School Attended:					
City/Village:	State:				
Did you graduate? Yes No	State:  GED Certificate? Yes No				
College Attended:					
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:					
College Attended:	State: From (Mo/Yr):	_/_ / To://			
Did you graduate?  Yes No	Degree/Major:				
	Special Skills or Traini	ทย			

	loyment History	
From (Mo/Yr):// To:// Position Title or Job Classification:	ent or most recent employer) Employer's Name & Address:	
Duties:	Supervisor's Name & Phone:	
Reason for Leaving:	Annual Salary/Wages:	
May we contact your current employer/sup	ervisor?   Yes   No	
From (Mo/Yr):// To:// Position Title or Job Classification:	Employer's Name & Address:	
Duties:	Supervisor's Name & Phone:	
Reason for Leaving:	Annual Salary/Wages:  **rervisor?	
From (Mo/Yr):// To:// Position Title or Job Classification: Duties:	Employer's Name & Address:	
	Supervisor's Name & Phone:	
Reason for Leaving:	Annual Salary/Wages:	
From (Mo/Yr):// To:/ Position Title or Job Classification: Duties:	Employer's Name & Address:	
	Supervisor's Name & Phone:	
Reason for Leaving:	Annual Salary/Wages:	

Military Service					
Branch of	Mo/Yr Served	Active Duty	Highest	Skill/Specialty	
Service	From To	or Reserve	Grade	or Primary Duty	
List any s	cholarships, appren	ticeships, licenses, o	certifications, me	mbership in professional organizations or	
				evaluating you qualifications.	
			References		
		(Avoid listing	members of the c	elergy)	
Name:	· //E: 1 //D . C		Address:		
Posit	ion/Title/Profession	:			
			Telephone:		
	Approximate	y how many years h		l known you?	
	TT	<del>y</del>			
Name:			Address:		
Posit	ion/Title/Profession	:			
			Telephone:		
	Approximatei	y how many years h	ias this individua	l known you?	
Name			A 44		
Name: Pagit	ion/Title/Profession	•	Address:		
FOSI	.1011/ 1 111 <b>C</b> / <b>F</b> 101 <b>C</b> SS101.				
		<del></del>	Telephone:		
	Approximate	y how many years h		l 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:
List any relatives employed by of currently holding an appointive of 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.)
(y y cs) from a since g., gy y
4
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.
of this approaction may be considered as cause for distinssial.
<del></del>
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.