

HORTONVILLE PUBLIC LIBRARY **APPLICATION FOR EMPLOYMENT**

531 N. NASH STREET • PO BOX 25 • HORTONVILLE, WI 54944
(920) 779-5000 • FAX (920) 779-5001
www.hortonvillelibrary.org ~ www.hortonvillewi.org

This application is to assist in the process of referring you to village agencies for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to Village agencies where you may be considered for employment. Names of applicants and the applications become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

APPLICATION

Please print. Information that is omitted cannot be used to determine employment. Please attach resume and cover letter.

Position Applied For		Date of Application	
Last Name		First Name	Middle Name
Address:	Street	City	State Zip Code
Home Phone Number		Work Phone Number	Social Security Number

~Date available for employment: _____

~What type of employment are you seeking? Regular Full-Time Temporary Full-Time
 Regular Part-Time Temporary Part-Time

~May we contact your present employer? Yes No

~May we contact your former employers? Yes No

EDUCATION

Did you graduate from high school or complete a GED? _____

Where? _____

What was the last grade completed (Circle One): 7 8 9 10 11 12 | 13 14 15 16 17 18 19 20 +
 High School College/Post High School

Name and Location of College, University or Professional School	Dates Attended	Quarter	Type	Date	Major	Minor
	FROM TO	Semester	Degree	Received	Subject	Subject

Name and Location of Business, Trade, Technical, or Vocational School	Dates Attended	Full Time	Part Time	Hours/Week	Subject
	FROM TO				Date Certificate Received

Honors Received: _____

APPLICABLE CERTIFICATES, REGISTRATIONS OR OCCUPATIONAL LICENSES:

CLASS	NUMBER	EXPIRATION DATE
1)		
2)		

MILITARY RECORD

Have you ever been on active duty in the armed forces of the United States? No Yes, highest rank attained _____

Branch of Military Service	File Number	Dates of Active Duty	
		From ___/___/___	To ___/___/___
		mo day yr	mo day yr

SPECIAL SKILLS

EMPLOYMENT EXPERIENCE

Employing Firm	Address	
Position	Supervisor	Telephone No.

Major Duties:
1 _____
2 _____
3 _____

Reason For Leaving _____

Machines/Equipment Used _____

Length of Employment: FROM _____ to _____

Start Salary: _____ Last Salary: _____

Employing Firm _____ Address _____

Position _____ Supervisor _____ Telephone No. _____

Major Duties:

1 _____

2 _____

3 _____

Reason For Leaving _____

Machines/Equipment Used _____

Length of Employment: FROM _____ to _____

Start Salary: _____ Last Salary: _____

Employing Firm _____ Address _____

Position _____ Supervisor _____ Telephone No. _____

Major Duties:

1 _____

2 _____

3 _____

Reason For Leaving _____

Machines/Equipment Used _____

Length of Employment: FROM _____ to _____

Start Salary: _____ Last Salary: _____

RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE

Organization _____

Type of Work _____

Hours/Week _____ How Long _____

Organization _____

Type of Work _____

Hours/Week _____ How Long _____

PERSONAL REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1. _____
- 2. _____
- 3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment may be considered active for a period of time not to exceed 6 months.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that it is my responsibility to submit any changes in my availability or my address to the Personnel Office in writing.

Signature of Applicant

Date

NAME (LAST, FIRST, MIDDLE)

TITLE OF POSITION

THIS SECTION WILL BE DETACHED FROM YOUR APPLICATION.

NOTE: The information requested below will be reviewed and retained in order to process your application. Check **Yes** or **No** to question 1 and provide information requested.

1. Have you ever been convicted for a violation of the law OTHER THAN a minor traffic tickets(s)? Yes No
If yes, provide details. (Non-job related convictions do not disqualify you from employment.)

2. Today's Date:

HOW DID YOU LEARN ABOUT THIS JOB?

- Private Employment Agency (name)
Public Employment Agency (name)
Newspaper (name)
High School (name)
College/Tech. School (name)
Walk-in
Contacted Village Personnel
Village Employee Referral
Other

THE VILLAGE OF HORTONVILLE IS AN EQUAL OPPORTUNITY EMPLOYER

Policy Statement

It is the official policy of The Village of Hortonville to provide equal employment opportunities for all qualified and qualifiable persons without regard to race, color, religious or political affiliation, sex, age, disability, sexual preference, arrest/conviction record, marital status, national origin, ancestry, or any other non-merit factors except where age, sex, or physical requirements constitute a bona fide occupational qualification. This policy is applicable to all phases of employment, including but not limited to job placement procedures, testing, training, layoff and recall, disciplinary action, termination, and all other personnel procedures. In short, all employment decisions will be made in order to further the principles of equal opportunity. Furthermore, hiring and promotional decisions will be made in accord with the principles of equal employment opportunity by imposing only valid requirements for hiring and promotional opportunities.

Please be advised that you may request needed accommodations for interviews, tests, or demonstrations. A request shall be forwarded to the Village upon notification of the required interview, test, or demonstration.

VILLAGE OF HORTONVILLE – HORTONVILLE PUBLIC LIBRARY
AUTHORIZATION FOR RELEASE OF INFORMATION FORM

Date: _____

Name: _____

Address: _____

This will authorize you to release any pertinent information to the Village of Hortonville and the Hortonville Public Library. We are particularly interested in:

1. Municipal, State or Federal law enforcement agencies
2. Any previous employer
3. Present employer
4. Any school, college, university or other educational institution
5. Other _____

Please return report to:
VILLAGE OF HORTONVILLE
ATTN: Library Director
531 N. Nash Street
PO Box 99 Hortonville, WI 54944-0099

NOTICE TO APPLICANTS

This Release is executed to authorize the Village of Hortonville and the Hortonville Public Library, as a prospective employer, to obtain any/all of the above information from those sources listed. It is understood that said information shall be used only in consideration for possible employment and shall not be further disseminated for any other purpose(s).

I, the undersigned, do hereby authorize the release of information to the Village of Hortonville and the Hortonville Public Library.

Signature

Date