



**TOWN OF FLORENCE**  
P.O. Box 247  
Florence, WI 54121  
715-528-3595 (P) 715-528-3591 (F)  
[www.townofflorencewisconsin.com](http://www.townofflorencewisconsin.com)

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## APPLICATION FOR EMPLOYMENT

Employees of the Town of Florence and applicants for employments shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

Full legal name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Have you ever applied for employment with us?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when? \_\_\_\_\_

### POSITION DESIRED

Title: \_\_\_\_\_

### WORK ELIGIBILITY

When will you be available to begin work? \_\_\_\_/\_\_\_\_ (Month/Year)

Are you 18 or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years? \* Yes: \_\_\_\_\_ No: \_\_\_\_\_  
if yes, please explain:

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\*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.

Do you have other special training or skills (computer software knowledge, i.e.: MS Office, other experience, etc.)?  
Please List:

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**EDUCATION**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ # of Years Completed: \_\_\_\_\_  
Did You Graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Degree: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable.

*Position #1*

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_

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May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

*Position #2*

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

*Position #3*

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

The Town of Florence sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position with the Town of Florence, you need to carefully consider what we would require of you before you accept. As an employee, you must:

- Be honest and dedicated in your work
- Follow high standards of professionalism
- Maintain a positive, enthusiastic attitude
- Maintain a professional appearance
- Expedite customers' transactions/requests quickly and professionally
- Assist customers, deal courteously and tactfully with the public through personal and telephone contact
- Maintain strict confidentiality in regards to customer information
- Complete necessary training requirements, be willing to travel for training
- Use proper phone etiquette
- Treat coworkers with respect
- Follow directions.
- Follow company policies and procedures
- Meet standards of work quality and quantity
- Accept a work schedule that may require more than normally scheduled hours during emergencies

Are you willing and able to comply with all the requirements listed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain:

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**Agreement of the Transfer of Information**

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the Company's pre-employment policy.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_