

# TOWN OF HULL

## EMPLOYMENT APPLICATION

4550 Wojcik Memorial Dr.  
 Stevens Point, WI 54482  
 715-344-8280 (P)  
 715-344-0717 (Fax)

Affirmative Action  
 Equal Opportunity Employer

**Please type or print in ink only. Attach additional sheets if necessary.**

### APPLICANT INFORMATION

Last Name:	First:	M.I.	Date:
Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Phone:	E-Mail Address:		
Date Available:			Desired Salary:
Position Applying For:			
Are you a citizen of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			
If no, are you authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no			
Valid Driver's License? <input type="checkbox"/> yes <input type="checkbox"/> no		Driver's License #:	
Have you ever worked for this company? <input type="checkbox"/> yes <input type="checkbox"/> no    If so, when?			
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, explain:			
Do you have any criminal charges pending other than <u>minor</u> traffic violations? <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, explain.			

### EDUCATION

Highest Grade Completed:    1   2   3   4   5   6   7   8   9   10   11   12			
High School:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	
College:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	
Other:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	

List Specialized Training:

List Current Professional Certifications:

### PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

yes     no

PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In Case of Emergency, Notify:**

Name	Address	Phone #
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**PREVIOUS EMPLOYMENT**

Company		Phone #:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no		

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Address:		Supervisor:
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From:	To:	Reason for leaving:
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**PERSONAL REFERENCES**

Name	Address	Telephone	Occupation

**DISCLAIMER & SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that my classification as an employee depends upon successfully performing assigned work during a probationary period. I understand my application will be processed in a confidential manner. I authorize a release of any records pertaining to my education, employment and background check.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_