



VILLAGE OF ALLOUEZ  
 1900 LIBAL ST  
 GREEN BAY WI 54301-2453  
[www.villageofallouez.com](http://www.villageofallouez.com)

Phone 920-448-2800  
 Fax 920-448-2850

DATE \_\_\_\_\_  
 APPLICATION FOR EMPLOYMENT  
 (An Equal Opportunity Employer)

Position Applying For: \_\_\_\_\_

First Date Available for Work: \_\_\_\_\_

\*Seasonal Employment Only - Last Date Available for Work: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 (Please include: first name, middle initial, last name)

E-mail address: \_\_\_\_\_

ADDRESS (STREET) \_\_\_\_\_

(CITY, STATE, ZIP CODE): \_\_\_\_\_

Are you at least 18 years of age?  Yes  No  
 Have you ever been employed by the Village of Allouez?  Yes  No

If yes, when, in what position? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

**EDUCATION**

HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECONDARY SCHOOL  
 (CIRCLE ONE)

1 2 3 4 5 6 7 8 9 10 11 12 GRADUATE?  Yes  No

NAME AND LOCATION OF HIGH SCHOOL \_\_\_\_\_

If you have not received a high school diploma, Do you have the General Education Diploma (GED) ?  Yes  No

College, University or School Name and Location	Presently Attending	Major Field	Years Completed
_____	YES NO	_____	_____
_____	YES NO	_____	_____
_____	YES NO	_____	_____

List any additional education, relevant job experiences, certifications, licenses or skills that should be considered:

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

## EMPLOYMENT HISTORY

List your past three WORK experiences (paid or volunteer) starting with the most recent.

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary/Hourly Rate: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary/Hourly Rate: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

3. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary/Hourly Rate: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

May we contact your current/former employer?  Yes  No

If this position requires driving company vehicles – complete the following:

Do you have a valid Driver's License?  Yes  No Driver's License # \_\_\_\_\_

Do you have a valid CDL?  Yes  No CDL License # \_\_\_\_\_

## REFERENCES

Please list three professional references not related to you. If you don't have any, then list personal, unrelated references.

NAME	JOB TITLE	COMPANY NAME	PHONE NUMBER	RELATIONSHIP
1				
2				
3				

I certify that the facts contained in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)