

TOWN OF MADISON
An Equal Opportunity Employer



APPLICATION FOR EMPLOYMENT

The Town of Madison is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, political affiliation, or physical or mental disability.

Position Applied for: _____

PERSONAL

Full Legal Name:

(Last Name, First Name, Middle)
Street Address:

City: _____
State: _____ Zip: _____
Home Phone: _____
Business Phone: _____
Cell Phone: _____
E-mail Address: _____

EDUCATION

High School Diploma or GED equivalent?
 Yes No
If no, highest grade completed? _____
College/University attended:
_____ Degree _____
_____ Degree _____
Other Training (business, trade, military),
Special Qualifications, Licenses, Certificates:

WORK EXPERIENCE - List jobs starting with the most recent and working back

<p>Employer: _____ Address: _____ _____ Phone: _____ Title: _____ Immediate Supervisor: _____ Salary (start) _____ (finish) _____ Dates (mo/yr) _____ to (mo/yr) _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours worked per week _____</p>	<p>Duties/Responsibilities/Accomplishments: _____ _____ _____ _____ _____ Number of employees supervised: _____ Equipment used: _____ _____ Reason for Leaving: _____ _____</p>
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REFERENCES - List three (3) professional persons who know you and your qualifications

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

MISCELLANEOUS

Are you a citizen of the U.S. or legally eligible for employment in the U.S.? Yes No

When will you be available to start work? ___/___/_____

Do you have a valid driver's license? Yes No

License Number _____ State _____ Expiration Date ___/___/_____

Do you authorize the Town to check your driving record, both now and on a periodic random basis during Employment, for repeated or significant traffic violations? Yes No

AGREEMENT

I certify that the 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 decisions regarding my employment or continued employment.

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 the rules and regulations of the Town of Madison. In addition, I understand that my employment is contingent upon a satisfactory criminal background check.

Signature of Applicant _____ Date ___/___/_____