

TOWN OF DRAPER

WWW.TOWNOFDRAPER.COM

6994 N MAIN STREET
LORETTA, WI 54896

(715) 266-2110
INFO@TOWNOFDRAPER.COM

APPLICATION FOR EMPLOYMENT

Name _____ Telephone # _____

Address _____

Email address _____

Position applied for _____

***I certify that the information given by me on this application is true and correct and without omissions to the best of my knowledge. I understand and agree that any misrepresentation or deliberate omission of a fact during the application process may result in a rejection of my application.**

I further understand that I may be asked to undergo a physical exam, including substance abuse screening, prior to an appointment to a position with the Town of Draper.

Please complete the application pages attached and return to the Town of Draper at the address above.

Thank you!

Signature of applicant _____

Printed name of applicant _____

Date _____

EDUCATIONAL BACKGROUND

High School _____

College _____

Graduate School _____

Technical _____

CDL License/s or Certification/s Held _____

MILITARY SERVICE

Branch of Service _____

Active Duty Dates _____

War Veteran? _____

Discharge Status _____

List Special Schools Attended/Skills Acquired During Military Service: _____

Are there any other experiences, skills or qualifications which you think would especially qualify you for employment with the Town of Draper? (Examples- landscaping, construction, welding, mechanical, trapping, equipment operations)

**3 PERSONAL REFERENCES
(Avoid Using Relatives)**

Name _____

Address _____ Telephone # _____

City/State/Zip _____ How long has this person known you? _____

Name _____

Address _____ Telephone # _____

City/State/Zip _____ How long has this person known you? _____

Name _____

Address _____ Telephone # _____

City/State/Zip _____ How long has this person known you? _____

EMPLOYMENT HISTORY
(Begin with most recent – at least past ten years)

Employed from _____ to _____

Employer Name _____

Job Title _____ Duties _____

Employer Address _____

City/State/Zip _____

Supervisor Name _____

Supervisor Phone # _____

Annual salary/hourly wage _____

Reason for leaving _____

May we contact employer/supervisor? _____ YES _____ NO

Employed from _____ to _____

Employer Name _____

Job Title _____ Duties _____

Employer Address _____

City/State/Zip _____

Supervisor Name _____

Supervisor Phone # _____

Annual salary/hourly wage _____

Reason for leaving _____

May we contact employer/supervisor? _____ YES _____ NO

Employed from _____ to _____

Employer Name _____

Job Title _____ Duties _____

Employer Address _____

City/State/Zip _____

Supervisor Name _____

Supervisor Phone # _____

Annual salary/hourly wage _____

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May we contact employer/supervisor? _____ YES _____ NO

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Employer Address _____

City/State/Zip _____

Supervisor Name _____

Supervisor Phone # _____

Annual salary/hourly wage _____

Reason for leaving _____

May we contact employer/supervisor? _____ YES _____ NO

Employed from _____ to _____

Employer Name _____

Job Title _____ Duties _____

Employer Address _____

City/State/Zip _____

Supervisor Name _____

Supervisor Phone # _____

Annual salary/hourly wage _____

Reason for leaving _____

May we contact employer/supervisor? _____ YES _____ NO

Thank you for your interest in working for the Town of Draper! We will let you know the status of your application and retain it on file for future employment opportunities if a position is not currently available.