Town of Pleasant Springs Employment Application Form

Note: Applicants May Be Tested For Illegal Drugs

Application must include a cover letter and resume. Please Return Application and Cover letter to 2354 County Rd N, Stoughton, WI 53589-2873 Please Complete Pages 1-4. Date Name _____ First Middle Maiden Present address ____ Street City State Number Zip How long _____ Telephone (__)____ Position applied for ______ and salary desired _____ How many hours can you work weekly? _____ Can you work nights? _____ Employment desired: __Full-Time Only __Part-Time Only __Full or Part Time When available for work? _____ Type of School Number of Years Name of School Location Major/ Completed Degree (Complete Mailing Address) High School College Bus./Trade School Professional School

Driver's License Number State of Issue Operator Have you had any accidents during the	Expiration Date Commercial (CDL) Chauffeur e past three years? How Many? uring the past three years?	
OFFICE ONLY TypingYesNoWPM Personal ComputerYesNoPCMac 10-KeyYesNo Word ProcessingYesNoWPM Other Skills		
Please list two references other than relatives or previous employers.		
Name Position Company Address	Name Position Company Address	
Telephone ()	Telephone()	

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

	me of employer Employment Dates	Pay/Salary
Address	From	Start
City, State, Zip	To	Final
Phone Number		
Job Title	_Name of last supervisor	
Reason for leaving (be specific)		
List the jobs you held, duties perfor	med, skills used or learned, adva	ncements or
promotions while you worked at this	s company.	
Name of employer	Employment Dates	Pay/Salary
Address	• •	
City, State, Zip		
Phone Number		
Job Title	_Name of last supervisor	
Reason for leaving (be specific)		
List the jobs you held, duties perfor	med. skills used or learned. adva	ncements or
promotions while you worked at this		
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Name of employer	Employment Dates	Pay/Salary
Address		
City, State, Zip		
Phone Number		
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promotions while you worked at this		

Name of employer	Employment Dates	Pay/Salary
Address	From	Start
City, State, Zip	From To	Final
Phone Number		
Job Title	Name of last supervisor	
Reason for leaving (be specific)	·	
List the jobs you held, duties performance while you worked at the	ormed, skills used or learned, adva	ncements or
May we contact your present emp	loyer?YesNo	
The above information is a tru	ue and correct statement.	
Signature of Applicant		
Date		