



Application for Part-Time Grader Person

W3742 Capital Road
Loyal, WI 54446
715-255-8582

Email: beavertownhall@gmail.com

PERSONAL

Applicant's Name (Last, First, Middle)

Present Address: Street City State Zip

Phone Number E-mail

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time may result in immediate employment termination.

Date Available for Employment

EDUCATION

Education

Name & Address of School	Major course study	Last year completed	Did you graduate?	Year
High School		1 2 3 4		
Vocational, Tech School		1 2 3 4		
College		1 2 3 4		

PERSONAL LICENSES/CERTIFICATIONS

Personal Licenses/Certifications

Type	State	Exp. Date	Registration Number

PREVIOUS EXPERIENCE

(List present or most recent positions first, then next recent, etc. Include all part-time jobs and military.)

Employer Name

Phone Number

Address: Street

City

State

Zip

Job Title: _____

Supervisor Name and Title: _____

Dates Worked: _____ Earnings: _____

Describe Duties: _____

Reason for Leaving:

May we contact for reference?



Employer Name

Phone Number

Address: Street

City

State

Zip

Job Title: _____

Supervisor Name and Title: _____

Dates Worked: _____ Earnings: _____

Describe Duties: _____

Reason for Leaving:

May we contact for reference?



Employer Name

Phone Number

Address: Street

City

State

Zip

Job Title: _____

Supervisor Name and Title: _____

Dates Worked: _____ Earnings: _____

Describe Duties: _____

Reason for Leaving:

May we contact for reference?

PERSONAL REFERENCES

Name _____ Address _____ Phone _____

Remarks

Please describe your skills, life experiences, extracurricular activities, travel, and any other experiences that you feel would be helpful in considering your qualifications:

Read the following carefully before signing:

I authorize you at the time of my application for employment or during the course of my employment to obtain from any source as to my education, experience, competence, character, or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I understand that any offer of employment is contingent upon submission and verification of documents of identification and employment eligibility. I further understand that in the event I am employed, such employment is at will. If employed, I agree to become familiar with policies, safety practices, and to follow the rules of conduct of the Town of Beaver, and to be available to work any hours~~ including weekends, holidays, or other times~~ requested of me.

Signature

Date

Thank you for applying at Town of Beaver.