

**VILLAGE OF FALL RIVER  
APPLICATION FOR EMPLOYMENT**

**AN EQUAL OPPORTUNITY EMPLOYER**

**EMAIL or MAIL APPLICATIONS  
and RESUMES with COVER  
LETTER to:**

Village of Fall River  
641 S. Main Street  
PO Box 37  
Fall River, WI 53932

Phone: (920) 484-3525  
Email: [marie@fallriver.wi.gov](mailto:marie@fallriver.wi.gov)

**ATTENTION:**

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability. **Incomplete applications MAY NOT BE CONSIDERED.**

**DATE and SIGN this application.**

**Enclose resume and cover letter with application.**

**You are not required to furnish any information, which is prohibited by federal, state or local law.**

<b>Title of Position You Are Applying For:</b>			<b>Department:</b>		
<b>Full Time</b>			<b>Part Time</b>		
<b>Temporary/Limited Term Employment</b>			<b>Today's Date:</b>		
<b>Name:</b> (Last) (First) (M.I.)			<b>Home/Cell Phone:</b>		
<b>Mailing Address:</b> (Address) (Apt. #)			<b>Business Phone:</b>		
(City) (State) (Zip Code)			May we contact you at this number? yes no		
<b>Are you legally eligible for employment in the United States?</b> yes no			if yes, list hours:		
<b>Have you ever been employed by the Village of Fall River?</b> If yes no yes: when, in what position, and in what department?			<b>When will you be available for employment?</b>		
<b>List any relatives employed by the Village of Fall River or serving as elected or appointed officials:</b>					
<b>Do you possess a valid Driver's License?</b> yes no					
<b>Do you possess a valid Commercial Driver's License?</b> yes no <b>Type/class:</b>					
<b>Do you possess any other license?</b> yes no <b>Type:</b>					

Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

CHECK HERE IF NONE

**THIS LINE MUST BE CHECKED OR SECTION BELOW MUST BE COMPLETED!**

*Approximate dates may be listed:*

Date	Location	Charge	Court	Disposition of case

*NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.*

**Special skills & qualifications** – *this information must be provided if you are applying for a position requiring these skills:*  
List all computer software which you can operate skillfully:

**Training beyond high school:**

College or university, technical, nursing, business college or other schools you have attended.

College, university or school – name, location and phone number			Major field
Presently Attending	Credits	GPA	Type of Degree Received
College, university or school – name, location and phone number			Major field
Presently Attending	Credits	GPA	Type of Degree Received
College, university or school – name, location and phone number			
Presently Attending	Credits	GPA	Type of Degree Received
College, university or school – name, location and phone number			
Presently Attending	Credits	GPA	Type of Degree Received

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police academy, or in-service training. Please provide dates.

**IMPORTANT:** You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years’ experience and education. **DO NOT WRITE “SEE RESUME”.**

**EMPLOYMENT SECTION: (Please start with your most recent position - include military service**

From (month & year)	PRIMARY DUTIES:		Title of your PRESENT/MOST RECENT position:
To (month & year)			
Hours each week:			
Full time Part time Temporary			
Starting salary (indicate yearly, monthly or hourly):	Employer’s Name (Company Name)	Phone Number	
Present salary (indicate yearly, monthly or hourly):	Address:		
Number of employees you supervise	Name and title of supervisor:		
If currently employed, may we contact that employer?	yes no, not at this time	Reason for leaving or considering change:	
Were you involuntarily discharged?	yes no		
From (month & year)	PRIMARY DUTIES:		
To (month & year)			
Hours each week:			
Full time Part time Temporary			
Starting salary (indicate yearly, monthly or hourly):	Employer’s Name (Company Name)	Phone Number	
Present salary (indicate yearly, monthly or hourly):	Address:		
Number of employees you supervise	Name and title of supervisor:		
If currently employed, may we contact that employer?	yes no, not at this time	Reason for leaving or considering change:	
Were you involuntarily discharged?	yes no		

From (month & year)	PRIMARY DUTIES:		Title of your position held
To (month & year)			
Hours each week:			
Full time Part time Temporary			
Starting salary (indicate yearly, monthly or hourly):	Employer's Name (Company Name)	Phone Number	
Present salary (indicate yearly, monthly or hourly):	Address:		
Number of employees you supervise	Name and title of supervisor:		
If currently employed, may we contact that employer?	yes no, not at this time	Reason for leaving or considering change:	
Were you involuntarily discharged?	yes no		

**Please use a separate sheet of paper for additional employers if needed**

<b>OTHER EXPERIENCE</b> (Include volunteer experience, internships, and/or jobs, not included in the employment section.)				
Company Name/Location	Job Title	Dates Employed (month/year) To From	Annual Salary	Full or part-time

<p>Have you ever been suspended from any position?      <b>yes</b>      <b>no</b></p> <p>If yes, please explain (including date, location, employer and situation)</p>          
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<p>Please explain any gaps in employment:</p>          
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**REFERENCES – THIS SECTION MUST BE COMPLETE**

Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.

<b>Name</b>	<b>Phone</b>	<b>Nature of Relationship</b>
<b>Occupation</b>	<b>Address</b>	
<b>Name</b>	<b>Phone</b>	<b>Nature of Relationship</b>
<b>Occupation</b>	<b>Address</b>	
<b>Name</b>	<b>Phone</b>	<b>Nature of Relationship</b>
<b>Occupation</b>	<b>Address</b>	
<b>Name</b>	<b>Phone</b>	<b>Nature of Relationship</b>
<b>Occupation</b>	<b>Address</b>	
<b>Name</b>	<b>Phone</b>	<b>Nature of Relationship</b>
<b>Occupation</b>	<b>Address</b>	

**AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have a question regarding any of these statements, please ask prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

\_\_\_\_\_ I authorize any person contacted to provide the Village of Fall River any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the Village of Fall River to request employment records from my present and/or former employer(s). I release and hold harmless the Village of Fall River, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

\_\_\_\_\_ I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the Village of Fall River. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the Village of Fall River, and consent to the release of the test results to the Village of Fall River. I hereby release and hold harmless the Village of Fall River, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

\_\_\_\_\_ I authorize the Village of Fall River, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the Village of Fall River, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the Village of Fall River only if it substantially relates to the position applied for.

Initial:

\_\_\_\_\_ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the Village of Fall River reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial:

\_\_\_\_\_ I agree to use such personal protective equipment and devices as may be required by the Village of Fall River and to comply with safety rules and requirements. In addition, I understand that the Village of Fall River maintains a workplace free from drugs, harassment and violence.

Initial:

\_\_\_\_\_ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the Village of Fall River has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice – Wisconsin Open Records Law: Under section 19.36(7) of Wisconsin Statutes, the names of the “Final Candidates” must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a “Final Candidate” they can do so by making a separate request in writing.

The Village of Fall River is committed to the equality of opportunity for all people. It is the policy of the Village of Fall River to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date