Town of Madison
Employment Application Form

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Adddress: _____

Street Address *Apartment/Unit #*

_____

City *State* *Zip Code*

Phone: _____ Email Address: _____

Date Available: _____ Desired Salary: $_____

Position Applying For: _____

	Full Time	Part Time
Employment Desired?	☐	☐

Hours of Work (per week) Desired? _____

	Yes	No
Are you eligible to work in the United States?	☐	☐
Have you ever worked for this organization?	☐	☐

Education

High School: _____ Address: _____

	Yes	No	
Did you Graduate?	☐	☐	Degree: _____

College: _____

	Yes	No	
Did you Graduate?	☐	☐	Degree: _____

Other: _____

	Yes	No	
Did you Graduate?	☐	☐	Degree: _____

Certifications (If applicable)

Title: _____

Organization Name: _____

Issued Date: _____ Expiration Date: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities:

_____

_____

_____

_____

_____

From: _____ To: _____ Reason For Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities:

_____

_____

_____

_____

_____

From: _____ To: _____ Reason For Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Previous Employment (cont'd)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities:

_____

_____

_____

_____

_____

From: _____ To: _____ Reason For Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Other Job-related Experiences/Skills

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Are you Currently in the Armed Forces? Yes ☐ No ☐

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I maybe released from employment.

I understand that the Town of Madison may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that the company may as part of the hiring process request an investigative consumer report from a third party entity or agency including information concerning my character, general reputation, personal characteristics, credit records, and mode of living. I may make a written request to the Town of Madison to provide me with additional information regarding the nature and scope of any such report.

I understand that employment with your company is "at will" and nothing in the interview or hiring process, this application, or the Town of Madison's policies are intended to create an employment contract between myself and the company. Employment may be terminated by either party for any reason with or without notice.

Signature: _____ Date: _____