



VILLAGE OF ALLOUEZ
1900 LIBAL STREET
GREEN BAY WI 54301-2453
Web www.villageofallouez.com

Phone 920-448-2800
Fax 920-448-2850

APPLICATION FOR EMPLOYMENT
(An Equal Opportunity Employer)

Title of Positions Applied For: _____

Second Choice: _____

Third Choice: _____

First Date Available for Work: _____ Last Date Available for Work: _____

NAME (Please include: first name, middle initial, last name)	RES. PHONE CELL PHONE BUS. PHONE E-MAIL ADDRESS
ADDRESS (STREET)	

(CITY, STATE, ZIP CODE) _____

Are you at least 18 years of age?	[]	Yes	[]	No
Are you a resident of the Village of Allouez?	[]	Yes	[]	No
Have you ever been employed by the Village of Allouez?	[]	Yes	[]	No

If yes, when, in what position? _____

Have you ever been convicted of a felony?	[]	Yes	[]	No
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If yes, please Explain: _____

SCHOOL SECTION

HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECONDARY SCHOOL
(CIRCLE ONE)

1	2	3	4	5	6	7	8	9	10	11	12	GRADUATE?	[]	Yes	[]	No
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NAME AND LOCATION OF HIGH SCHOOL _____

If you have not received a high school diploma, have you passed a high school equivalency or GED test? [] Yes [] No

TRAINING BEYOND HIGH SCHOOL COLLEGE OR UNIVERSITY, NURSING, BUSINESS COLLEGE, OR OTHER SCHOOLS ATTENDED	CIRCLE THE NUMBER OF YEARS COMPLETED IN A POST-SECONDARY SCHOOL
	1 2 3 4 5 6 7 8

College, University or School Name and Location	Presently Attending	Major Field	Degree Conferred and Year
	YES NO		
	YES NO		
	YES NO		

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, etc. List dates.

EMPLOYMENT HISTORY

List your past three WORK experiences (paid or volunteer) starting with the most recent.

1)

Position Held	Position Description		
Employer	Address	Phone	
Supervisor	Dates of Employment:	From	To
Reason for leaving			

2)

Position Held	Position Description		
Employer	Address	Phone	
Supervisor	Dates of Employment:	From	To
Reason for leaving			

3)

Position Held	Position Description		
Employer	Address	Phone	
Supervisor	Dates of Employment:	From	To
Reason for leaving			

List any other relevant job experiences or qualifications: _____

Do you have a valid Drivers License? ☐ Yes ☐ No Drivers License # _____

Do you have a valid CDL? ☐ Yes ☐ No CDL License # _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	DAYTIME PHONE OR CELL NUMBER	HOW ACQUAINTED	YEARS ACQUAINTED
1			
2			
3			

CERTIFICATIONS: PLEASE LIST ANY OTHER CERTIFICATIONS THAT ARE NOT LISTED.

****A COPY OF ALL CURRENT CERTIFICATIONS MUST ACCOMPANY THIS APPLICATION****

CERTIFICATION	INSTRUCTOR	DATE OF CERTIFICATION
Lifeguard Training (includes Community First Aid)		
CPR for the Professional Rescuer		
Water Safety Instructor (WSI)		
Community First Aid & CPR		

I certify that the facts contained in this application are true and complete to the best of my knowledge.

(Signature)

(Date)