



VILLAGE OF ALLOUEZ
1900 LIBAL ST
GREEN BAY WI 54301-2453
www.villageofallouezwi.gov

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

DATE _____
APPLICATION FOR EMPLOYMENT
(An Equal Opportunity Employer)

Position Applying For: _____

First Date Available for Work: _____

*Seasonal Employment Only - Last Date Available for Work: _____

NAME: _____ PHONE: _____
(Please include: first name, middle initial, last name)

E-mail address: _____

ADDRESS (STREET) _____

(CITY, STATE, ZIP CODE): _____

Are you at least 18 years of age? ☐ 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 crime? ☐ Yes ☐ No

If yes, please explain: _____

EDUCATION

HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECONDARY SCHOOL
(Select from the Drop down Menu)

GRADUATE? ☐ Yes ☐ No

NAME AND LOCATION OF HIGH SCHOOL _____

If you have not received a high school diploma, Do you have the General Education Diploma (GED) ? ☐ Yes ☐ No

College, University or School Name and Location	Presently Attending	Major Field	Years Completed
	YES NO		
	YES NO		
	YES NO		

List any additional education, relevant job experiences, certifications, licenses or skills that should be considered:

OVER

EMPLOYMENT HISTORY

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

1. Employer: _____ Job Title: _____ Job Duties: _____

Address: _____ Phone: _____
Supervisor: _____ Dates of Employment: FROM _____ TO _____
Reason for Leaving: _____ Salary/Hourly Rate: STARTING _____ FINAL _____
2. Employer: _____ Job Title: _____ Job Duties: _____

Address: _____ Phone: _____
Supervisor: _____ Dates of Employment: FROM _____ TO _____
Reason for Leaving: _____ Salary/Hourly Rate: STARTING _____ FINAL _____
3. Employer: _____ Job Title: _____ Job Duties: _____

Address: _____ Phone: _____
Supervisor: _____ Dates of Employment: FROM _____ TO _____
Reason for Leaving: _____ Salary/Hourly Rate: STARTING _____ FINAL _____

May we contact your current/former employer? ☐ Yes ☐ No

If this position requires driving company vehicles – complete the following:

Do you have a valid Driver's License? ☐ Yes ☐ No Driver's License # _____

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

REFERENCES

Please list three professional references not related to you. If you don't have any, then list personal, unrelated references.

NAME	JOB TITLE	COMPANY NAME	PHONE NUMBER	RELATIONSHIP
1				
2				
3				

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

(Signature)

(Date)