

Village of McFarland Police Department

Attention: Tricia Reimer, Administrative Assistant

5915 Milwaukee Street, McFarland, WI 53558

Phone: (608) 838-3151

Email: tricia.reimer@mcfarland.wi.us

Application for Employment

Thank you for your interest in employment with the Village of McFarland. The information presented on this application will in part determine your acceptance and may also be used as a basis for your employment in this organization.

If you need an accommodation at any time during the recruitment or employment process, please inform us of your needs. The Village of McFarland is an Equal Opportunity Employer and provides equal opportunities for all qualified individuals. We do not discriminate against employees or applicants because of their age, race, gender, gender identity, sexual orientation, religion, color, creed, national origin, veteran status, unemployment status, disability, or any other classification regarded as protected under state or federal law.

Please answer all questions as completely, truthfully, and accurately as possible. Please type or print legibly in ink. If you have any questions regarding this application please contact the Human Resources Department.

Position Applied for: _____ . I understand I may request to review the position description.

PERSONAL DATA	
NAME (Last, First, Middle Initial):	Today's Date
Permanent Address (Number, Street, City, State, Zip)	
Home Telephone #: ()	
Cellular Telephone #: ()	
Email Address:	

EDUCATION AND TRAINING

Check the highest grade in high school completed (check applicable year) and/or GED: 9 10 11 12 Graduated? Yes No or GED			
Name of High School:			
College or University			
Name and Location	Dates Attended	Major or Field	Degree/Certification Earned & Year
Additional Training			
Name	Location	Dates	Type Earned

PERSONAL REFERENCES

List 3 personal references. Do not list the same persons listed under the "work experience" category or relatives.	
Name (Last, First):	Occupation:
Business or Home Address:	Phone Number
How long have you known this person?	
 	
Name (Last, First):	Occupation:
Business or Home Address:	Phone Number
How long have you known this person?	
 	
Name (Last, First):	Occupation:
Business or Home Address:	Phone Number
How long have you known this person?	

SKILLS AND ABILITIES

Please list software programs you are proficient in using:(Word, Excel, PowerPoint, Access, etc.)		Internet <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicable equipment experience:		Email <input type="checkbox"/> Yes <input type="checkbox"/> No
All applicants, please list any additional experience, skills and qualifications which relate to the job you are applying for:		

LICENSES AND CERTIFICATIONS

<p>If required to drive a motor vehicle for the job you are applying for, do you have a current valid driver's license? If so, please give:</p> <p>1) Driver's License Number: _____</p> <p>2) State Issued: _____</p> <p>3) Expiration Date: _____</p> <p>4) Types of Licenses held: _____</p> <p>5) Active, Suspended, Revoked, Limited: _____ If revoked, suspended, or limited currently or in the past, then please explain? _____</p>
<p>Are you professionally licensed, certified or registered by a State or with any professional group, association, or society (exclude memberships)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ Name _____ Registration, certification or license number _____ State _____</p> <p>Date of Expiration: _____</p> <p>Active, suspended, revoked or limited?(if applicable): _____</p> <p>_____ Name _____ Registration, certification or license number _____ State _____</p> <p>Date of Expiration: _____</p> <p>Active, suspended, revoked or limited?(if applicable): _____</p>

Are you eligible to work in the United States? YES NO

Name of Company:		Supervisor(s) Name and Phone Number:	
Full Address (Number, Street, City, State, Zip):		Job Title:	
Dates of Employment:			
Start (mo/yr):		End(mo/yr):	
Reason for leaving:		Salary:	
Name of Company:		Supervisor(s) Name and Phone Number:	
Full Address(Number, Street, City, State, Zip):		Job Title:	
Dates of Employment:			
Start (mo/yr):		End(mo/yr):	
Reason for leaving:		Salary:	
Name of Company:		Supervisor(s) Name and Phone Number:	
Full Address(Number, Street, City, State, Zip):		Job Title:	
Dates of Employment:			
Start (mo/yr):		End(mo/yr):	
Reason for leaving:		Salary:	
Name of Company:		Supervisor(s) Name and Phone Number:	
Full Address(Number, Street, City, State, Zip):		Job Title:	
Dates of Employment:			
Start (mo/yr):		End(mo/yr):	
Reason for leaving:		Salary:	

Have you ever been terminated from employment? YES NO

Please explain: _____

CERTIFICATION – PLEASE READ THIS CAREFULLY

I certify that the information I have provided in this application is true and complete, and I authorize investigation of the assertions I have made.

Because of the importance to the public of the Village hiring high quality candidates to serve the public's interests, I understand that any false statement, omission, or misrepresentation concerning requested information on this application or provided by me during the hiring process or my employment shall be a sufficient basis for denial of employment or termination.

I understand that my pursuit of employment may be contingent upon the satisfactory completion of any or all of the following: interviews, skills or abilities testing, medical examinations, drug screening, background check, and investigation of my character, personal history, work record and references. I consent to a post-offer pre-employment health examination and such future examination as may be required by the Village.

I understand that I may be asked to sign a release and indemnification agreement regarding the background screening process. I understand that I may negotiate the terms of that agreement and that I will not be considered for employment if an agreement is not reached.

I understand that, if employed, my employment at all times shall be in an at-will capacity unless otherwise modified by law. I understand that if I am employed, only the Village Board has the authority to alter, by approval at a duly-noticed meeting, this at-will status of employment, the fringe benefits and compensation that I receive, and employment policies of the Village.

Signature of applicant

Date