Village of Rib Lake

655 Pearl Street, P.O. Box 205 Rib Lake, WI 54470 Phone (715) 427-5633 FAX (715) 427-5515 ______police @riblakewisconsin.com

Employment Application

		Α	pplicar	nt Informa	tion					
Full Name:			· · · · · · · · · · · · · · · · · · ·				Date	e:		
Address:	Last First				M.I.					
	Street Address				Apartment/Unit #					
	City			State				ZIP Code		
Phone: () E-mail Add			mail Addre	ss: _	-	Desire	ed		
Date Available:		Social Security	#:					y: _\$		
Position Applied	d for:	YES							YES	NO
Are you a citizen of the United States?						authorized to work in the U.S.?				_
Have you ever	worked for this comp	any?		If so, whe	en?					
Have you ever l	been convicted of a			lf yes, ex	plain:	n				
Education										
High School:			Address		91.17 ¹ 5	4. 1				
	То:			YES						
College:		/	Address		NO	in air tha	19 Mar 19			
	То:			YES		Degree:				
Other:		<i>F</i>	Address	YES	NO					¢
	То:					Degree:				
			Refe	erences						
Please list three	professional refere									ç
Full Name:				Relations	hip: _		<u> </u>			
Company:				1.00		Phone:	_()_	·		
Address:										
Full Name:		inge for de allerer		Relations	hip:					4
Company: _	a dan ta a sa sa sa					Phone:	()	ν		×
Address:		x								
Full Name:		6.1 4 ⁶⁶ / Stiel L	0.125	Relations	hip:					
Company:	1 					Phone:	_()_	,		
Address:			10 m.	-						

Drovious	Employment	(List most red	cent firs	51)	
		Phone:	()	
Company:		Sup	ervisor:	-	
Address:				0.1	\$
Job Title:		\$		_	
Responsibilities:	Booson for				
From: To:	Leaving:	YES	NO		
May we contact your previous supervisor	for a reference?				
Company:		Phone:	_()	, ,* · · ·
Address:		Sun	ervisor:		
Job Title:				Ending Salary:	\$
Responsibilities:					
From: To:	Reason for	2. 2.			
May we contact your previous supervisor f		YES	NO		
Company:		Phone:	()	
Address:		Sup	ervisor:		
Job Title:	Starting Salary:	\$		Ending Salary:	\$
Responsibilities:					
From: To:	Reason for				
May we contact your previous supervisor for	or a reference?	YES	NO		
LIST APPROPRIATE CERTIFIC	ATES, REGISTRA	TIONS OR O	CCUPA	TIONAL LICEN	SES:
CLASS	NUMBER			EXPIRA	
DATE 1)					

PLEASE LIST SPECIAL SKILLS RELATED TO THE WORK FOR WHICH YOU ARE APPLYING:

Physical Record- Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____ Yes _____ NO

lf	yes, what can be done	to accommo	date your lim	itation?		
		entiality Stater				
contact with a	and/or obtain confidentia	l information th	hat is protecte	d by law in fl	municipal buildings and may co he State of Wisconsin. By prov k by the Village of Rib Lake Ch	ang me
Date of Birth:		Driver's License:				
			State	DL #		
		Discl	aimer and Si	gnature		
l certify that n understand th	ny answers are true and hat false or misleading ir	complete to th formation in m	he best of my ny application	knowledge. or interview	If this application leads to em may result in my release.	ployment, l
Signature:					Date:	
		FOR PE	ERSONNEL	JSE ONLY		
Arr Re	ange Interview marks:	YES	NO	2		-
						_
						_
			•			

Employed _____YES ____NO

Date of Employment_____

Job Title _____

Hourly Rate/Salary_____