



**FORMER EMPLOYERS** (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

WHICH OF THESE JOBS DID YOU LIKE THE BEST? \_\_\_\_\_

WHAT DID YOU LIKE THE MOST ABOUT THIS JOB? \_\_\_\_\_

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

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF  
EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NUMBER

THIS APPLICATION EXPIRES AFTER SIX MONTHS FROM DATE OF APPLICATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE VILLAGE'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. AT ANY TIME, AT EITHER MY OR THE VILLAGE'S OPTION, I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE VILLAGE."

DATE

SIGNATURE

APPLICATION MAY BE SUBMITTED BY EMAIL: [ADMINISTRATOR@TREMPEALEAUWI.COM](mailto:ADMINISTRATOR@TREMPEALEAUWI.COM)

OR MAIL TO:

ATTN: VILLAGE ADMINISTRATOR,  
VILLAGE OF TREMPLEALEAU  
PO BOX 247, TREMPLEALEAU WI 54661