Application for Employment

Town of Lyndon, Sheboygan County

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information										
Name										
Address					City			Zip		
Phone Number	Mobile Number			Email Address						
Are you a U.S. Citizen? Yes	□No		Have you e	ever been convicted of a felony? Yes No						
If selected for employment are you willing to submit to a pre-employment drug screening test? Yes No										
Do you possess a commercial driv	er's license	from the Sta	ate of Wisco	onsin? 🔲Ye	es No					
Position										
Position you are applying for			Available Star	t Date		Desired Pay				
Employme	ent Desired:	Full	Time P	art Time	Seasonal,	/Temporary				
Education										
School Name	Location		Years Attended		Degree Received			Major		
References										
Name		Title		Company			Phone			

Employment History									
Employer (1)	Job Title			Dates Employed					
Work Phone	Starting Pay R	Rate		Ending Pay Rate					
Address	City		State	Zip					
Employer (2)	Job Title			Dates Employed					
Work Phone	Starting Pay R	Rate		Ending Pay Rate					
Address	City		State	Zip					
Employer (3)	Job Title	L		Dates Employed					
Work Phone	Starting Pay R	ate		Ending Pay Rate					
Address	City		State	Zip					
Employer (4)	Job Title			Dates Employed					
Work Phone	Starting Pay Rate			Ending Pay Rate					
Address	City	State		Zip					
Employer (5)	Job Title			Dates Employed					
Work Phone	Starting Pay R	tarting Pay Rate		Ending Pay Rate					
Address	City	ty State		Zip					
Signature Disclaimer									
I certify that my answers are true and comple understand that false or misleading informat									
Name (Please Print)	Signature								
Date									