

Town of Troy  
N8870 Briggs Street, East Troy, WI 53120

Application for Employment  
(please print or type)

POSITION APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First, Middle I., Last)

ADDRESS: \_\_\_\_\_ (Include street address, if you use a P.O. Box)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
(Required upon employment)

EDUCATION: *Please list high school and any other education or training.*

YEARS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DEGREES/CERTIFICATES: \_\_\_\_\_

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EMPLOYMENT HISTORY:

PRESENT EMPLOYER & PHONE: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ TIME WORKED THERE: \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
(Street, City, State, Zip)

REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER & PHONE: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ TIME WORKED THERE: \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DRIVING INFORMATION: *If the position you are applying for will involve driving Town of Troy-owned vehicles, please complete the following.*

DRIVER'S LICENSE #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

ISSUING STATE: \_\_\_\_\_ TYPE OF LICENSE: \_\_\_\_\_

Number of driver's license violations in the past three years: \_\_\_\_\_

Has your license been suspended or revoked in the past three years: \_\_\_\_\_

PLEASE READ BEFORE SIGNING:

I certify that all information on this application, and any additional information submitted with this application, is true and correct. I further certify that I understand that false, incomplete, or misleading information may result in rejection of my application; or in the event of employment with the Town of Troy, my immediate dismissal. All information submitted is subject to possible investigation.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)