

**Town Hall**  
 W10919 County Road V.  
 Lodi, WI 53555  
 (608) 592-4868  
<https://www.tn.lodi.wi.gov/Home>



**APPLICATION FOR EMPLOYMENT**

*The Town of Lodi is an Equal Opportunity Employer*

**Today's Date:**

<b>Employment Desired</b>		
<b>Title of Position Applying For</b>	<b>Date Available for Work</b>	<b>Salary Wage Required</b>

<b>Personal Information</b>		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Current Mailing Address:</b>	<b>City:</b>	<b>State &amp; Zip Code:</b>
<b>Date of Birth:</b>	<b>Social Security Number:</b>	<b>Driver's License Number:</b>
<b>Home Phone Number:</b>	<b>Cell Phone Number:</b>	<b>Email Address:</b>

**Are you at least 18 years of age?**                      NO    YES

**Are you a U.S. Citizen or legally eligible to work in the U.S.?**                      NO    YES  
*(If hired, you will be required to provide documentation that you are eligible to work)*

**Have you filed an application with the Town of Lodi previously?**                      NO    YES If yes, give date(s)

**Have you ever been employed by the Town of Lodi previously?**                      NO    YES If yes, give date(s)

Have you ever been convicted of ANY felony or misdemeanor (other than traffic) or violation of ANY Federal, Wisconsin, other state or municipality ordinance/law? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please complete the following:

Year:	Location:	Charge:	Disposition:
_____	_____	_____	_____
_____	_____	_____	_____

Are there any charges presently pending against you (other than traffic) for violation of ANY Federal, Wisconsin, other state or municipality ordinance/law? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please complete the following:

Year:	Location:	Charge:	Status:
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE: A CRIMINAL BACKGROUND CHECK WILL BE DONE THROUGH THE WISCONSIN DEPARTMENT OF JUSTICE.**

<b>Work Experience</b>		
May we contact this employer?	Yes	No
Employer:	If no, explain	
Address:	Phone Number:	
Your Position Title:	Supervisors Name and Phone Number:	
Length of Employment:	Description of Duties:	
From:	To:	
Hours Worked Per Week		
Reason for Leaving:		

<b>Work Experience</b>		
May we contact this employer?	Yes	No
Employer:	If no, explain	
Address:	Phone Number:	
Your Position Title:	Supervisors Name and Phone Number:	
Length of Employment:	Description of Duties:	
From:	To:	
Hours Worked Per Week		
Reason for Leaving:		

<b>Work Experience</b>	
May we contact this employer?      Yes    No    If no, explain	
Employer:	Phone Number:
Address:	Supervisors Name and Phone Number:
Your Position Title:	Description of Duties:
Length of Employment:	
From:                                  To:	
Hours Worked Per Week	
Reason for Leaving:	

<b>Work Experience</b>	
May we contact this employer?      Yes    No    If no, explain	
Employer:	Phone Number:
Address:	Supervisors Name and Phone Number:
Your Position Title:	Description of Duties:
Length of Employment:	
From:                                  To:	
Hours Worked Per Week	
Reason for Leaving:	

**EDUCATION**

**Did you graduate from high school or receive a GED?**    Yes        No

**Name and Location of School / Program Attended:**

<b>Name and Location of College, University, or Technical School</b>	<b>Did you graduate?</b>	<b>Degree or Diploma</b>	<b>Program of Study</b>
	Yes    No		
	Yes    No		
	Yes    No		
	Yes    No		

**REFERENCES:**

Please list three individuals (not relatives), who have known you for at least 1 year, who can attest to your work qualities.

<b>Name and Occupation:</b>	<b>Present Address:</b>	<b>Phone Number:</b>

**READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION**

The facts set forth in my application for employment are true and complete. I understand that any false statement on this application will result in my not being eligible to be hired. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the Town of Lodi in any way.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Date Received:**    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**Date of Interview:**    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**Time of Interview:**    \_\_\_\_ : \_\_\_\_

**Interviewed By:**    \_\_\_\_\_ **Title:** \_\_\_\_\_

**Interviewed By:**    \_\_\_\_\_ **Title:** \_\_\_\_\_

**Interviewed By:**    \_\_\_\_\_ **Title:** \_\_\_\_\_

**Interviewed By:**    \_\_\_\_\_ **Title:** \_\_\_\_\_

**Interviewed By:**    \_\_\_\_\_ **Title:** \_\_\_\_\_

**Notes/Comments:**    \_\_\_\_\_

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