



N4695 County Road BB, Chilton, WI 53014  
 Phone 920-849-4720

The Town of Chilton is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 LAST FIRST MIDDLE  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**1. GENERAL INFORMATION:**

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? C) Yes No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? Yes No (A criminal record or a conviction will not automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) **If yes, explain.**

**2. EDUCATION & TRAINING:**

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters

Name & Address of School	Major Course studied	Doctorate	
		Graduated or degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School Graduate, etc.) (Technical, Vocational, Address			

List any scholarships, academic honors, awards or special achievements.

**3. SKILLS**, please list any skills you have that are appropriate for the position you are applying for: \_\_\_\_\_

**If required, will you work:**

Rotating Shifts – yes no Overtime – yes no Saturdays – yes no Sundays – yes no

Position applying for, be specific: \_\_\_\_\_ Salary Requirements  per hour  
 \$ \_\_\_\_\_  per month

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Date

**For Office Use:**

\_\_\_\_\_ Hire Date \_\_\_\_\_ Board Approval Date \_\_\_\_\_ Insurance Approval \_\_\_\_\_ Insurance Filed