

ADMAS TOWNSHIP EMPLOYEE APPLICATION

Date: _____

NAME

DAY PHONE

ADDRESS

EVENING PHONE

CITY

STATE

ZIP

EMAIL

Do you live within Adams Township? _____ Yes _____ NO

Currently Employed? _____ YES _____ FT / _____ PT _____ NO

WHY WOULD YOU LIKE TO BE AN EMPLOYEE OF ADAMS TOWNSHIP?

WHAT EXPERIENCE DO YOU HAVE?

HOW/WHAT CONTRIBUTIONS WOULD YOU MAKE TO ADAMS TOWNSHIP?

What Position are you applying For: _____ Patrolman _____ Recycle Attendant _____ Other

WAGE RANGE SOUGHT: _____

IS THE WAGE NEGOTIABLE? _____ YES _____ NO

POSITIONS ARE HOURLY WITH NO BENEFITS AVAILABLE , AT THIS TIME.

APPLIANTS ARE SUBJECT TO HEALTH SCREENING AND BACKGROUND CHECKS.

SEND A COVER LETTER, 2 -3 LETTERS OF REFERENCE AND APPLICATION TO: TOWN OF ADAMS / PO BOX 424 / ARGYLE, WI 53504 / ATTN; CLERK