

TOWN OF ADAMS EMPLOYEE APPLICATION

P. O. BOX 424, ARGYLE, WI 53504

DATE: _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ (Best time to call) EMAIL _____

Do you live within Adams Township? _____ Yes _____ No

What Position are you applying for: ___ Patrolman ___ Recycle Attendant ___ Other ___ **Plan Commission**

Currently Employed? ___ Yes ___ No _____ Full Time _____ Part Time _____ RETIRED

Why would you like to be an employee or Plan Commission member of Adams Township?

Please tell us what experience you have and how it relates to the job you're applying for.

Are there specific contributions you feel you could make to Adams Township?

Wage Range Sought: _____

ALL POSITIONS ARE PART TIME AND HOURLY WITH NO BENEFITS. APPLICANTS ARE SUBJECT TO HEALTH SCREENING AND BACKGROUND CHECKS. PLEASE SEND A COVER LETTER, 2 -3 LETTERS OF REFERENCE AND APPLICATION TO: TOWN OF ADAMS / PO BOX 424 / ARGYLE, WI 53504 / ATTN: CLERK

Note: Plan Commission applicants are not required to have a health screen or supply references. Plan Commission members are paid a flat fee for meetings they attend.