



**817 S. Madison Street, PO Box 431
 WAUPUN, WISCONSIN 53963-0431
 PHONE: 920-324-7920
 FAX: 920-324-7922**

**APPLICATION FOR EMPLOYMENT
 WAUPUN UTILITIES**

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP/DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. WAUPUN UTILITIES IS AN EQUAL OPPORTUNITY EMPLOYER.

**THE WAUPUN UTILITY OFFICE IS LOCATED AT
 817 S. MADISON STREET, WAUPUN, WI 53963 • (920) 324-7920**

POSITION APPLIED FOR: _____ DEPT. _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal

Applicant's full name (last, first, middle)				
Present Address:	Street	City	State	ZIP Code
Email Address:				
Can you legally accept permanent employment in the United States? Yes ___ No ___	Phone Number () ()	Day Eve	If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No	
I will accept: ___ Full-time ___ Summer ___ Part-time ___ Temporary		What hours are you available to work?		
Are you now or have you ever been employed by the City of Waupun/Waupun Utilities? _____ Yes _____ No If yes, when and in what capacity?				
Do you have relatives working for the City of Waupun/Waupun Utilities? _____ Yes _____ No If yes, state your relationship: _____ Dept. _____				
Do you possess a valid Wisconsin State driver's license? _____ Yes _____ No If not, do you possess a valid driver's license from another state? _____ Yes _____ No If yes, which state: _____				
Do you possess a valid Wisconsin State Commercial driver's license? _____ Yes _____ No				
Are you able to perform the essential functions of the position for which you are applying? _____ Yes _____ No If no, will you be able to perform the functions with an accommodation? _____ Yes _____ No				
Have you ever been convicted of a crime or currently have charges pending? _____ Yes _____ No If so, what were you convicted of and when?				
(This conviction information does not constitute an automatic bar to employment and will only be considered if it substantially relates to the circumstances and duties of the job in question.)				

Education

School	Name and Address of Institution	Major Course of Study	Circle Last Year Completed	Did You Graduate	List Diploma or Degree
HIGH SCHOOL (or GED)	Name		1 2 3 4	<input type="checkbox"/> Yes	
	City, State			<input type="checkbox"/> No	
	Name			<input type="checkbox"/> Yes	
	City, State			<input type="checkbox"/> No	
VOCATIONAL TECHNICAL BUSINESS SCHOOL	Name		1 2 3 4	<input type="checkbox"/> Yes	
	City, State			<input type="checkbox"/> No	
	Name			<input type="checkbox"/> Yes	
	City, State			<input type="checkbox"/> No	
COLLEGE (undergraduate)	Name		1 2 3 4	<input type="checkbox"/> Yes	
	City, State			<input type="checkbox"/> No	
	Name			<input type="checkbox"/> Yes	
	City, State			<input type="checkbox"/> No	
COLLEGE (Graduate)	Name		1 2 3 4	<input type="checkbox"/> Yes	
	City, State			<input type="checkbox"/> No	
	Name			<input type="checkbox"/> Yes	
	City State			<input type="checkbox"/> No	

Professional licenses / certifications

Type	State	Exp. Date	Registration

List office equipment, business machines, and/or other relevant equipment you can operate:

Previous Experience

List present or most recent position first, then next recent, etc. (Include all part-time jobs and military experience.)

Employer's Name			Phone Number		
			()		
Address Street		City		State ZIP Code	
Job Title		Supervisor's name and title			
Dates From To		Current Earnings Check One: \$_____ per _____ HR. _____ MO. _____ YR.			
Describe duties (Be Specific, include equipment operated and supervisory responsibilities if any)					
Reason for leaving			If we contact this employer, will your employment be endangered? _____ Yes _____ No		

Previous Experience (Continued)

Employer's Name				Phone Number ()	
Address Street		City		State	ZIP Code
Job Title			Salary / Wages		
Dates From To		Supervisor's name and title			
Describe duties (Be Specific, include equipment operated and supervisory responsibilities if any)					
Reason for leaving					

Employer's Name				Phone Number ()	
Address Street		City		State	ZIP Code
Job Title			Salary / Wages		
Dates From To		Supervisor's name and title			
Describe duties (Be Specific, include equipment operated and supervisory responsibilities if any)					
Reason for leaving					

List other employment not shown above:

FROM DATE	TO DATE	NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY	REASON FOR LEAVING

References

Please list references (not relatives or employers) to contact who are acquainted with your work history.

NAME	TITLE / OCCUPATION	COMPANY / ADDRESS	PHONE NUMBER

Read the following carefully before signing

AUTHORIZATION AND ACKNOWLEDGMENT FOR EMPLOYMENT

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that Waupun Utilities shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I authorize pertinent companies, schools, agencies, municipalities, or persons to give Waupun Utilities any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the Waupun Utilities including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance screening, prior to appointment to a position with Waupun Utilities. Refusal to participate will result in the withdrawal of any offer of employment.

Date

Signature

Thank you for applying with Waupun Utilities