



321 Milwaukee Street, P.O. Box 340
 Menasha, WI 54952-0340
 Phone: 920.967.5180; Fax: 920.967.4786

EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, age, national origin, creed, ancestry, marital or veteran status, or the presence of a non-related medical condition or handicap.

PLEASE PRINT OR TYPE

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Phone ()
	City, State, Zip			Business Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year: _____ Position: _____			Social Security No.
	Position being applied for:			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	How did you learn of this position?			

TELEPHONE	/	
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TELEPHONE	L	
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REFERENCES	Name		Phone #
	Address		Zip
	City	State	
	Name		Phone #
	Address		Zip
	City	State	
	Name		Phone #
	Address		Zip
	City	State	

"AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER"

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:
Employer Number(s) Reason

JOB RELATED QUESTIONS

To applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF AREA. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, or physical or mental handicap or disability.

DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED-OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, a bona fide occupational qualification or business necessity.

- Are you at least 18 years of age? Yes No
If not, are you at least 16 years of age? Yes No
- Do you have a valid Wisconsin driver's license? Yes No
If yes, what is your **Driver's License Number**: _____
- Educational Level achieved: _____

- Typing Speed - wpm _____ Shorthand Speed - _____ wpm
- List Police Science Courses you have taken and credits:

- List Fire Science Courses you have taken and credits:

If this position requires you to be bonded, have you ever been convicted of a crime which would prohibit you from becoming bonded? Yes No

If yes, please explain:

- Do you have any disability that would limit your job performance for the position for which you are applying? Yes No If yes, please explain:

- List any friends or relatives working for the City:

Employer may list other bona fide occupational questions on lines below:

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AGREEMENT

I certify that answers I have given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		

T E S T R E S U L T S	TESTS ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

I N T E R V I E W R E S U L T S	INTERVIEWER NAME AND COMMENTS		



APPLICANT WAIVER FORM

I certify that the information contained in this application is correct and to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of the company or myself.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing. I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date of this waiver.

Signature of Applicant

Date

MENASHA UTILITIES

BY: _____
Signature of Company Representative

Date

