

CITY OF SHAWANO

<p style="text-align: center;"><i>Shawano Municipal Utilities</i> 122 N. Sawyer Street Shawano, WI 54166 Phone: (715)526-3131 tbisterfeldt@cityofshawano.com</p>	<h2 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h2> <p style="margin: 10px 0 0 0;">AN EQUAL OPPORTUNITY EMPLOYER</p>	<p style="text-align: center; font-weight: bold; font-size: small;">For Office Use Only</p>
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Please print in ink. Answer all questions completely. Incomplete applications may be rejected.
***** Any application received after the deadline will not be considered *****
A separate application is required for each position.

Name: _____ (Last) (First) (Middle)	Home Phone: () _____ E-mail: _____
Address: _____ (Street) (Apt #)	Business Phone: _____ Can we contact you at this #? <input type="checkbox"/> Yes <input type="checkbox"/> No
(City) (County) (State) (Zip)	Cell Phone #: _____

TITLE OF POSITION FOR WHICH YOU ARE APPLYING:

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary/Limited Term Employment (LTE)
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Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available for employment? _____
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Have you ever been employed by the City of Shawano? Yes No
 If yes, when, in what position, and in what department? _____

List any relatives employed by the City of Shawano, or serving as elected or appointed officials of the City of Shawano:

The City of Shawano may prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.

Do you possess a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a valid Commercial Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____

LIST ANY MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS: _____	Current License, Certification OR Registration as a Member of a Trade or Profession: _____
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Have you ever been convicted of an ordinance violation, misdemeanor, or felony? Yes No If yes date of conviction and, please explain:

Are there any ordinance, felony, or misdemeanor violation charges presently pending against you? Yes No If yes, please explain:

Have you ever had a traffic violation or are any pending against you (including speeding violations, seatbelt violations, etc.) Yes No If yes, please explain:

NOTE: Any affirmative responses above do not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position. All positions require conviction or arrest information to evaluate circumstances of the offense.

DID YOU GRADUATE FROM HIGH SCHOOL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name/Location of School: _____
If no, have you passed a high school equivalency or GED test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location and Date of Test: _____

SPECIAL SKILLS: _____ Ty _____ ping Speed _____ WPM

List all computer software which you can operate proficiently: _____

TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College, or other schools you have attended.						
College, University or School — Name and Location	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree (If Rec'd)	GPA
	From	To				
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.						

IMPORTANT: You must complete the employment sections of this application. Provide all employment history in the past 10 years, minimum. Use additional sheets, if necessary. You may attach a resume to further explain your qualifications. Incomplete or inaccurate work histories may result in disqualification.

EMPLOYMENT SECTION:

From (Mo. & Yr.)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES:
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Present Salary	No. of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If we contact your present employer, will your position be endangered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving or Considering Change:

From (Mo. & Yr.)	Title of position held:		PRIMARY DUTIES:
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason for Leaving or Considering Change:	

From (Mo. & Yr.)	Title of position held:		PRIMARY DUTIES:
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo. & Yr.)	Title of position held:		PRIMARY DUTIES:
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo. & Yr.)	Title of position held:		PRIMARY DUTIES:
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been suspended/discharged from any position? Yes No
If yes, provide employer name and explanation: _____
