

APPLICATION FOR EMPLOYMENT

WATER WORKS & LIGHTING COMMISSION



Water Works & Lighting
Commission encourages
applications from all persons.

Position(s) Applied For: _____

Water Works and Lighting Commission is located at 221 16th Street South, Wisconsin Rapids, WI 54494

NOTE: PERSONS SELECTED FOR EMPLOYMENT MAY BE FINGERPRINTED AND MAY BE GIVEN A MEDICAL EXAM. Any offer of employment is contingent upon evaluation and approval of data received via fingerprint check and post-offer medical exam.

Name (Last, First, MI)	Phone Number
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Address	City	State	Zip
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Name and telephone number of person to notify in care of accident or emergency:

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period of Active Service
Branch:	From: To: Rank:

Will you accept Temporary Work <input type="checkbox"/> Yes <input type="checkbox"/> No Part-Time Work <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A U.S. CITIZEN OR DO YOU HAVE AN ENTRY PERMIT WHICH ALLOWS YOU TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: IF YOU WERE BORN OUTSIDE THE UNITED STATES, YOU MAY BE ASKED TO SUBMIT EVIDENCE OF CITIZENSHIP (OR INTENT TO BECOME A CITIZEN).
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Are you now or have you ever been employed by the WW&LC?	NOW <input type="checkbox"/> Yes <input type="checkbox"/> No PAST <input type="checkbox"/> Yes <input type="checkbox"/> No	If so give job title	Dates of employment
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Do you have any relatives or friends employed by WW&LC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Relationship
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Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid CDL license? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION	NAME OF SCHOOL	CITY/STATE	YEARS COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE
High School					
College					
Graduate					
Other Special Training					

Membership in professional organizations:

What machines or office equipment can you operate? (List equipment and how well you operate it.)

HAVE YOU BEEN CONVICTED OF OFFENSES WHICH RELATE REASONABLY TO FITNESS TO PERFORM THE PARTICULAR JOB BEING APPLIED FOR? IF YES, GIVE DETAILS BELOW (USE ADDED SHEETS IF NECESSARY). Yes No

DATE OF OFFENSE	PLACE	CHARGES	PENALTIES

Conviction record will not automatically exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the crime will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

IMPORTANT: We need the information requested below to aid us in determining your qualifications for the position. It is important that this data be as complete as possible in order that you receive maximum consideration. Please list your present and past full and part-time employment. Give special attention to experience relating to the job for which you are applying. Be sure to give volunteer work and any related self-employment and military service. You need not go back beyond 10 years unless you feel prior experience is reasonably related to the position for which you are applying. Use additional sheets if necessary. You may also attach a brief résumé to further explain your qualifications.

Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Number of employees you supervised: _____		(_____ hours per _____)	
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Number of employees you supervised: _____		(_____ hours per _____)	
Employer	Your Title	Name, Title & Phone No. of Supervisor	
Address of Business (Street, City, State, Zip)		Reason for Leaving	
Your Duties		Salary	
		\$	
		From (Month & Year)	To: (Month & Year)
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Number of employees you supervised: _____		(_____ hours per _____)	

REFERENCES: List three persons who are not related to you who have knowledge of your qualifications for the position for which you are applying, such as former coworkers, teachers, etc. Do not repeat names of supervisors listed under Employment History

NAME	ADDRESS	BUSINESS OR OCCUPATION	PHONE

I certify that all statements on my application materials are complete and true to the best of my knowledge. I understand that false statements or omissions of fact shall be sufficient cause for rejection of this application, or dismissal, if I am now an employee of Water Works and Lighting Commission (WW&LC).

I understand that, if I am employed, such employment does not create a contractual obligation upon WW&LC to continue my employment and that I may be terminated, with or without cause and with or without notice, at any time.

As identified and required by City Ordinance 3.08, some WW&LC personnel shall be required to reside within 15 miles of the boundaries of the City of Wisconsin Rapids within 12 months of their date of hire and shall be required, as a condition of their employment, to continue to reside within the limits stated above, as long as they remain employed by the WW&LC.

WW&LC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, or veteran status.

I grant permission to WW&LC to conduct a criminal background check and investigate my references, to include past employers listed above; and I authorize my references and past employers to provide WW&LC information which is deemed appropriate. If there are any employers listed above who you do not wish us to contact, please indicate:

CONFIDENTIALITY – Candidates for WW&LC positions may request confidentiality of their names and application information. However, for those positions identified as "local public offices" by §19.42(7)(w) Wis. Stats., the WW&LC cannot maintain requested confidentiality if you are a "final candidate" for the position. Generally, only department head positions are considered "local public offices." Please contact the General Manager's office to inquire if the position is considered a local public office.

- I request confidentiality of my name as a candidate for this position.
 I do not request confidentiality of my name as a candidate for this position.

Failure to indicate your preference will subject your name for release in accordance with the above statement.

Signature of Applicant _____

Date _____