



## EMPLOYMENT APPLICATION

**Waunakee Utilities**  
**322 Moravian Valley Road**  
**P.O. Box 70**  
**Waunakee, WI 53597**  
**Phone: (608) 849-8111**  
**Fax: (608) 849-4109**  
**[www.waunakeeutilities.com](http://www.waunakeeutilities.com)**

The Waunakee Utilities fully supports the concept of Equal Employment Opportunity and Affirmative Action and will continue to do so. It is our policy to effect all personnel transactions, including, but not limited to recruitment and employment, promotion, demotion and transfer, compensation, and selection for training without discrimination and to ensure equal treatment of employees, regardless of sex, race, religion, color, national origin or ancestry, age, disability, marital status, source of income, arrest record, or conviction record.

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Administration Department.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Have you ever been employed by the Village? YES NO  
If so, when? \_\_\_\_\_

Are you related to any current Village employee or elected official? YES NO  
If so, who? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? YES NO  
If so, explain: \_\_\_\_\_

I am currently authorized to work in the United States? YES NO  
Basis of statement: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO   Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO   Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO   Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Hourly \$: \_\_\_\_\_ Ending Hourly \$: \_\_\_\_\_ Average Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Hourly \$: \_\_\_\_\_ Ending Hourly \$: \_\_\_\_\_ Average Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Hourly \$: \_\_\_\_\_ Ending Hourly \$: \_\_\_\_\_ Average Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

## Military Service

*ATTACH COPY OF DISCHARGE ORDER.*

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Disclaimer and Signature

PLEASE READ THE PARAGRAPHS BELOW VERY CAREFULLY BEFORE SIGNING

*I certify that my answers to the questions are true to the best of my knowledge and am aware that misrepresentation or omission of facts called for on this form is cause for rejection of my application or immediate discharge from the organization's service. I voluntarily give the Village of Waunakee the right to make a thorough investigation of my past employment, agree to cooperate in such investigation, and release from all liability of responsibility all persons, companies, or corporations supplying such information.*

*I have read the job description for the position for which I am applying and meet the minimum standards.*

*I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months.*

*It is hereby understood and acknowledged that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_