

WRWA Application for Employment

Position Applied For _____ Date _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

E-Mail _____ Telephone _____

Date available for work ____/____/____

Salary Requirements _____

Type of employment desired: ____ Full-Time ____ Part-Time ____ Temporary

Are you able to meet the attendance requirements of the position? ____ Yes ____ No

Have you been convicted of a felony in the last seven (7) years)? ____ Yes ____ No

(Wisconsin does not allow discrimination based on criminal or arrest record, but an employer may consider whether the circumstances of the conviction or arrest are substantially related to the circumstances of the job itself)

If the answer to Question 3 is "yes", then please explain fully. Attach additional sheets if necessary. (Incomplete information may disqualify you from further consideration):

Driver's license number (if job related) _____ State _____

Employment History

List your last (3) employers, assignments or volunteer activities, starting with the most recent, including military exp.

From – To -	Employer	Telephone ()
Job Title	Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities	
Reason for Leaving	Hourly Rate/Salary Start \$ per Final \$ per	

From – To -	Employer	Telephone ()
Job Title	Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities	
Reason for Leaving	Hourly Rate/Salary Start \$ per Final \$ per	

Employment Application - continued

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From – To -	Employer	Telephone ()
Job Title	Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities	
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Educational Background

- A. List last three (3) schools attended, starting with last one. List number of years completed, indicate degree or diploma earned, if any, Grade Point Average or Class Rank and Major and Minor field of study (if applicable).

School	Years Completed	Degree/Diploma	GPA/Class Rank	Major	Minor

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List any additional information you would like us to consider.

READ THIS INFORMATION BEFORE SIGNING YOUR JOB APPLICATION FORM

I understand that the use of this application form does not imply that there are positions open and does not in any way obligate the Wisconsin Rural Water Association (WRWA) to employ job applicants. Individuals applying for positions, which require cash handling and/or other duties of a sensitive nature may have an investigation consumer report prepared regarding an applicant's character, general reputation, personal characteristics, and mode of living. Additional information as to the nature and scope of such report, if made, will be provided upon the applicant's written request. If a position of employment is offered, all employment with the WRWA is "at will" at all times.

WRWA is an equal opportunity employer. WRWA does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability or military status.

Initials I understand the Company reserves the right to request any individuals who are offered positions of employment to take any necessary physical tests or examinations as are authorized by law and required by Company policy and procedure. I understand the company may require a substance abuse screening examination. Any offer of employment is contingent upon successfully passing any tests and/or examinations.

Initials I certify that all information and statements that I make in this application, including related to arrest and conviction records are true and complete to the best of my knowledge and acknowledge that false statements on this application shall be grounds for rejection, discipline or dismissal from employment.

Initials I authorize full investigation of all statements contained herein and any other information which may have a possible bearing on my employment including allowing you to contact all companies, schools and persons named to give information regarding my employment, character and qualification. I release all parties from any and all liability for any damage that may result from their furnishing such information to you.

Initials I understand and agree, that, if hired, my employment is not for a definite period and may, regardless of circumstances, be terminated at any time without prior notice by the WRWA. I further acknowledge that no contract of employment other than "at will" employment will be valid and binding against the WRWA unless signed by the Chief Operating Officer of the WRWA.

BY SIGNING THIS APPLICATION FORM YOU ARE ATTESTING THAT YOU HAVE FULLY READ, UNDERSTOOD AND AGREE TO ALL OF THE ABOVE STATED INFORMATION AND THAT ALL INFORMATION IS TRUTHFUL AND RELIABLE.

Date _____ Signature _____