

SHAWANO MUNICIPAL UTILITIES (SMU)

Shawano Municipal Utilities 122 N. Sawyer Street Shawano, WI 54166 Phone: (715)526-3131	APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER	For Office Use Only
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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: ()
Address: _____ (Street) (Apt #)	E-mail: _____
(City) (County) (State) (Zip)	Business Phone: _____
	Can we contact you at this #? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell Phone #: _____

TITLE OF POSITION FOR WHICH YOU ARE APPLYING:

Full Time

Part-Time

Temporary/Limited Term Employment (LTE)

Are you legally eligible for employment in the United States? Yes No

Are you at least 18 years of age? Yes No

When will you be available for employment?

Have you ever been employed by the Shawano Municipal Utilities? Yes No

If yes, when, in what position, and in what department? _____

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

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? Yes No

Do you possess a valid Commercial Driver's License? Yes No Type: _____

LIST ANY MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS:

Current License, Certification OR Registration as a Member of a Trade or Profession:

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? Yes No Name/Location of School: _____

If no, have you passed a high school equivalency or GED test? Yes No Location and Date of Test: _____

SPECIAL SKILLS: _____ Typing 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: _____

List at least three references on a separate piece of paper (name, address, telephone).

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask the Shawano Municipal Utilities General Manager prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

APPLICANT NAME: _____
 First Middle Last

APPLICANT ADDRESS: _____
 Street City State Zip

MAIDEN NAME OR OTHER NAMES USED: _____

DATE OF BIRTH: _____ (will not be shared with the Selection Committee)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

LIST LAST 10 RESIDENCES (IF KNOWN) THAT YOU HAVE LIVED IN THE PAST 10 YEARS: _____

Initial:

I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Initial:

I authorize any person contacted to provide the Shawano Municipal Utilities any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not be limited to: Application of employment; performance evaluations; work records; wage rates; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the Shawano Municipal Utilities to request employment records from my present and/or former employer(s). I release and hold harmless the Shawano Municipal Utilities, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the providing of this information.

Initial:

I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with the Shawano Municipal Utilities. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the Shawano Municipal Utilities, and consent to the release of the test results to Shawano Municipal Utilities. I hereby release and hold harmless the Shawano Municipal Utilities, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

Initial:

I authorize the Shawano Municipal Utilities, its officers, agents, and employees to conduct a background check and credit check (including criminal) prior to making a decision regarding employment. I release and hold harmless the Shawano Municipal Utilities, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the performance or result of this check.

Initial:

If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period. In addition, if hired, I understand that I would be an "at-will" employee. Further, I understand that Shawano Municipal Utilities maintains a drug-free and violence-free workplace.

Initial:

I understand residency requirements apply to some Shawano Municipal Utility positions. I understand that violation of these requirements will subject me to immediate termination.

Applicant's Signature

Date

If you need reasonable accommodation anytime during the application process, please notify Shawano Municipal Utilities.

Shawano Municipal Utilities is committed to the equality of opportunity for all people. It is the policy of the Shawano Municipal Utilities to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.