



# APPLICATION FOR EMPLOYMENT

## WINTERSET MUNICIPAL UTILITY



### GENERAL INFORMATION

Name: \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

SS#: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Desired Pay: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

Have you previously applied for work for WMU? \_\_\_\_\_

If yes, please give date(s): \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_

### COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE MILITARY

Branch of Service	Dates of Duty	Rank at Discharge	Discharge Date

### EDUCATION

	Name & Address of School	Course of Study	Last Year	Degree/Diploma
Grammar School				
High School				
College				
Trade/other				

If employed are you willing to continue your studies? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT RECORD

	Name & Address of Employer	Salary	Position	Reason for Leaving
Current				
From				
To				
From				
To				
From				
To				

If currently employed, may we inquire of your employer?

Yes \_\_\_\_\_

No \_\_\_\_\_

What machinery or equipment can you operate?

\_\_\_\_\_

Special Skills or Training:

\_\_\_\_\_

Do you currently hold any certification for the job you are applying for?

\_\_\_\_\_

If yes please list:

\_\_\_\_\_

## REFERENCES

	Name	Address	Phone Number	Years Known	Professional Person
1					
2					
3					
4					
5					

Are you related to anyone currently working for the Winterset Municipal Utilities?

\_\_\_\_\_

## PHYSICAL RECORD

Do you use?

Drugs:	None	_____	Light	_____	Moderate	_____	Heavy	_____
		Type:		Prescription	_____	Non-prescription	_____	
Alcohol:	None	_____	Sociably	_____	Heavy	_____		
Tobacco:	None	_____	Cigarettes	_____	Cigars	_____	Pipe	_____
ing to be examined by a physician?				Yes	_____	No	_____	

Are you willing to be examined by a physician? Yes No

*I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of information called for is cause for dismissal. I further authorize investigation of my character, general reputation, personal character and mode of living. I understand my right under the Fair Credit Reporting Act to request disclosures of the nature and scope of any such investigation.*

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

**COMMENTS OR ADDITIONAL INFORMATION (or attach resume)**





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