



Full Time Work	<input type="checkbox"/>
Part Time Work	<input type="checkbox"/>
Seasonal/Other	<input type="checkbox"/>

Employment Application

Columbus Utilities
 950 Maple Ave. Columbus WI 53925
 (920) 623-5912 Fax (920) 623-5923
 Email: cwl@columbusutilitieswi.com
 Website: www.columbusutilitieswi.com

Columbus Utilities is an equal opportunity employer committed to offering employment without regard to race, color, sex, age disability, political or religious affiliation, marital status, sexual orientation, arrest record, national origin, ancestry or other protected status.
 All qualified applicants are welcome to submit applications for employment.
 If you require accommodation in the completion of this application, please contact us.

Position applied for: _____

Date: _____

Applicant Information

Full Name:	_____		List any previous name(s) used in employment history:	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:	_____			<i>Apartment/Unit #</i>
	<i>City</i>		<i>ZIP Code</i>	
Phone:	_____	Email:	_____	
Date available for employment:	_____	Desired Salary: \$	_____	

Are you at least 18 years old? Yes No

Are you authorized to work the United States? YES NO If not what is your immigration status? If hired you will be required to submit verification of your legal right to work in the United States.

Have you ever worked for Columbus Utilities? YES NO If yes, when? _____

Education

High School:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma
College:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma:
Other:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

Special Skills and Qualifications

List any other education, training, specific skills, certificates and licenses that you possess related to this job:

References

Please list three professional references. Do not include relatives or previous employers

Name	Title/Occupation	Phone

Previous Employment
List your last 10 years of employment

Are you presently employed? YES NO

May we contact your present employer? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

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

Disclaimer and Signature

I certify that the information contained in this application is true and correct. I authorize Columbus Utilities to make inquiries into this information and/or to obtain information about me or my employment. I also authorize former employers named herein to give information regarding me and my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that omitted, false or misleading information in my application or interview may result in denial of employment or be cause for my subsequent release, if hired.

I also understand that an offer of employment will be based upon the information gathered in these references. I will be required to successfully complete a background check and drug screen for initial employment.

Regardless of whether I become employed, I recognize that this application is not and should not be considered a contract of employment. I understand that employment here is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the organization's, unless provided otherwise in a written employment contract.

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Signature: _____

Date: _____