



KAUKAUNA UTILITIES

“Community Owned, Customer Driven”

KAUKAUNA UTILITIES

APPLICATION FOR EMPLOYMENT

an equal opportunity employer

Please Print or Type

PERSONAL DATA

Position Applying For:

Name: Last First Middle

Present Address: Street City State Zip

Home Phone

Permanent Address: (if different from above)

Work Phone

Are you eligible for employment in the USA? Yes _____ No _____

Are you at least 16 years old _____ 18 years old _____

MILITARY SERVICE

Branch of Service	Mo/Yr Served		Active Duty or Reserve?	Highest Grade	Skill Specialty or Primary Duty
	From	To			

EDUCATION

Circle the highest grade or year completed in high school.

1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high

School or do you possess a

GED? Yes _____ No _____

Name and location of high school:

WORK EXPERIENCE?

List below your previous employment. You need not go back more than 10 years. Be specific about duties performed. Start with your present or most recent employment and work backwards.

From	To	Your Job Title	Name of Employer
Mo/Yr	Mo/Yr	Duties Performed	Employer's Address
Monthly Salary			Immediate Supervisor
Begin	Ending		Reason for leaving or considering leaving
Approx. Number of hours per week:			
From	To	Your Job Title	Name of Employer
Mo/Yr	Mo/Yr	Duties Performed	Employer's Address
Monthly Salary			Immediate Supervisor
Begin	Ending		Reason for leaving or considering leaving
Approx. Number of hours per week:			
From	To	Your Job Title	Name of Employer
Mo/Yr	Mo/Yr	Duties Performed	Employer's Address
Monthly Salary			Immediate Supervisor
Begin	Ending		Reason for leaving or considering leaving
Approx. Number of hours per week:			

REFERENCES (Please do not include members of the clergy)

Name:	Address:
Position/Title/Profession	Telephone
Approximately how many years has this individual known you:	
Name:	Address:
Position/Title/Profession	Telephone
Approximately how many years has this individual known you:	
Name:	Address:
Position/Title/Profession	Telephone
Approximately how many years has this individual known you:	
Name:	Address:
Position/Title/Profession	Telephone
Approximately how many years has this individual known you:	

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all statements made in this application are true and I understand that any misstatements of facts herein will cause forfeiture on my part of all rights to employment with Kaukauna Electric & Water Department.

SIGNATURE _____ **DATE** _____

FOR INTERNAL USE ONLY

DATE APPLICATION RECEIVED:	BY WHOM:
REVIEWED BY:	DATE:
COMMENTS:	