



# 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				
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 or Personal
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 \_\_\_\_\_

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 facts called for is cause for dismissal. I further authorize investigation of my character, general reputation, personal characteristics 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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