



Shared strength through WPPI Energy

Employment Application

An Equal Employment Opportunity Employer

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. Be sure to sign and date this form.

Please type or print clearly

Title of position for which you are applying		Date of Application
Last Name	First Name	Middle Name
Street Address	City	State & Zip
Home Phone	Cell Phone	Email Address
What type of employment are you seeking? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Internship		
When are you available to start work?		Salary Desired: \$
Are you either a U.S. Citizen or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of employment authorization will be required if hired.)		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Class _____		
Do you have access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No For some positions, a vehicle is required		
Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of employment: _____		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

General Information

<ul style="list-style-type: none"> Present membership in the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of a DUI or DWI within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Have you ever been convicted of any violations other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe what you have been convicted of and the circumstances.
Do you have any charges pending or have you admitted guilt or been found guilty of committing a felony or a Class A or B misdemeanor? Note: include offenses for which probation was granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____ Pending Charge / Offense: _____
County and State of Pending Charge / Offense: _____
Disposition: _____
Existence of a conviction or criminal record does not constitute an automatic bar to consideration for employment. Factors such as nature of offense, date and relationship between offense and the position for which you are applying will be considered.

Education

	Name of School/ College City, State	Did you graduate?	Diploma, Degree or credits earned	Area of Study
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business/Trade/Technical		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other _____		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Describe any specialized training, apprenticeship, equipment operation, job-related skills and qualifications you have acquired:

Educational Experience and Accomplishments

Highlight skills relevant to the position(s) you are applying for. Describe your relevant courses, project work, theses, publications, and presentations. Include awards and scholarships.

Employment History

Complete the following section starting with your current employer. If you need additional space, please continue on a separate sheet of paper.

Job Title		Company Name
Street Address	City	State & Zip
Supervisor's Name and Title	Phone Number	May we contact?
Dates of Employment	Starting Wage	Ending Wage
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Internship <input type="checkbox"/> Other		
Reason(s) for Leaving: _____		
Duties Performed: _____		

Job Title		Company Name
Street Address	City	State & Zip
Supervisor's Name and Title	Phone Number	May we contact?
Dates of Employment	Starting Wage	Ending Wage
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Internship <input type="checkbox"/> Other		
Reason(s) for Leaving: _____		
Duties Performed: _____		

Employment History - Continued

Job Title		Company Name
Street Address	City	State & Zip
Supervisor's Name and Title	Phone Number	May we contact?
Dates of Employment	Starting Wage	Ending Wage
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Internship <input type="checkbox"/> Other		
Reason(s) for Leaving: _____		
Duties Performed: _____		

Important – Please read the following statement carefully before signing.

In making this application for employment, I certify that the statements I have made are true, complete and correct, and I agree that any willfully false statements or misrepresentations herein, whenever discerned, are just cause for the Florence Utility Commission, either to refuse or to terminate my employment. Further, I authorize any school or former employer to disclose to the Florence Utility Commission, upon request, any information they may have as to my record, performance, and attendance and will hold such school(s) and employer(s) harmless for such disclosure. I understand that this application becomes void after one year unless renewed personally or in writing by me. I have read and do understand and subscribe to this agreement.

In consideration of my employment, I agree to conform to the rules and regulations of Florence Utility Commission. I also agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at my option or at the option of the Florence Utility Commission. I understand that no employee or representative of the Florence Utility Commission, other than the General Manager or Florence Utility Commission President has any authority to enter into any agreement guaranteeing my employment for any specified period of time, nor to make any agreement contrary to the foregoing.

I further understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment.

_____ Date

_____ Signature