

APPLICATION FOR EMPLOYMENT

City of Mosinee 225 Main Street Mosinee, WI 54455 (715) 693-2275 www.mosinee.wi.us

First, Middle)		Date				
	City	State	Zip	Zip		
	City	State	Zip	Zip		
Cell F	ell Phone Number			_		
D	Date You Can Start:					
N	May We Contact Your Current Employer?				_	
SECTION 3 – EDUCATION						
	GRADUATED	MAJORS GPA				
		City Cell Phone Number Date You Can Start: May We Contact Your 6	City State City State Cell Phone Number Date You Can Start: May We Contact Your Current Empl	City State Zip City State Zip Cell Phone Number Date You Can Start: May We Contact Your Current Employer?	City State Zip City State Zip Cell Phone Number Date You Can Start: May We Contact Your Current Employer?	

SECTION 5 - DO YOU MEET THE JOB REQUIREMENTS - PLEASE REVIEW JOB AD POSTING (ONE OF THE FOLLOWING MAY BE REQUIRED - PLEASE LIST LICENSE NUMBERS/SKILLS UNDER EACH COLUMN) WISCONSIN DRIVERS COMPUTER SKILLS WISCONSIN COMMERCIAL **GRADE 1 WDNR OPERATORS** LICENSE **DRIVERS LICENSE** LICENSE (INCLUDE SUBCLASSES) SECTION 6 - FORMER EMPLOYERS - LIST YOUR LAST THREE EMPLOYERS MONTH/YEAR **NAME AND ADDRESS REASON FOR** (START WITH MOST **OF EMPLOYER SALARY POSITION LEAVING** RECENT) SECTION 7 - REFERENCES - PLEASE LIST THREE PERSONS WHO ARE NOT RELATED TO YOU **NAME ADDRESS BUSINESS PHONE** YEARS ACQUAINTED **SECTION 8 - EMERGENCY CONTACT NAME ADDRESS PHONE** I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Applicant Signature: Da	ate:
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