BRODHEAD
WATER & LIGHT

APPLICATION FOR EMPLOYMENT
Brodhead Water & Light

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP/DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. BRODHEAD WATER & LIGHT IS AN EQUAL OPPORTUNITY EMPLOYER.

BRODHEAD WATER & LIGHT OFFICE IS LOCATED AT
507 19TH STREET, BRODHEAD WI 53520 • (608) 897-2505 • Fax (608) 897-2726

POSITION APPLIED FOR: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal

Applicant's full name (last, first, middle)

Present Address: Street City State ZIP Code

Can you legally accept permanent employment in the United States? Yes ____ No

Phone Number
( ) Day
( ) Eve

If you are under 18 years of age, can you provide required proof of your eligibility to work?
_____ Yes _____ No

Are you now or have you ever been employed by the Brodhead Water & Light? _____ Yes _____ No
If yes, when and in what capacity?

Do you have relatives working for the Brodhead Water & Light? _____ Yes _____ No

If yes, state your relationship: _____ Dept. _____

Do you possess a valid Wisconsin State driver's license? _____ Yes _____ No
If not, do you possess a valid driver's license from another state? _____ Yes _____ No
If yes, which state:_____
Do you possess a valid Wisconsin State Commercial driver's license? _____ Yes _____ No

Are you able to perform the essential functions of the position for which you are applying? _____ Yes _____ No

Have you ever been convicted of a crime or currently have charges pending? _____ Yes _____ No
If so, what were you convicted of and when?

Full-time ☐ Part-time ☐ Temporary ☐

Have you ever been in the Armed Forces: Yes ☐ No ☐
Are you now a member of the National Guard: Yes ☐ No ☐

Education

School	Name and Address of Institution	Major Course of Study	Circle Last Year Completed	Did You Graduate	List Diploma or Degree
HIGH SCHOOL (or GED)	Name City, State Name City, State		1 2 3 4	____ Yes ____ No ____ Yes ____ No	
VOCATIONAL TECHNICAL BUSINESS SCHOOL	Name City, State Name City, State		1 2 3 4	____ Yes ____ No ____ Yes ____ No	
COLLEGE (undergraduate)	Name City, State Name City, State		1 2 3 4	____ Yes ____ No ____ Yes ____No	
COLLEGE (Graduate)	Name City, State Name City State		1 2 3 4	____ Yes ____ No ____ Yes ____ No	

Professional licenses / certifications

Type	State	Exp. Date	Registration

Previous Experience

List present or most recent position first, then next recent, etc. (Include all part-time jobs and military experience.)

Employer's Name			Phone Number ( )
Address Street	City	State	ZIP Code
Job Title	Supervisor's name and title		
Dates From To	Current Earnings Check One: $_____ per _____ HR. _____ MO. _____ YR.		
Describe duties (Be Specific, include equipment operated and supervisory responsibilities if any)			
Reason for leaving	If we contact this employer, will your employment be endangered? _____ Yes _____ No		

Previous Experience (Continued)

Employer's Name				Phone Number ( )
Address Street		City	State	ZIP Code
Job Title		Salary / Wages		
Dates From To		Supervisor's name and title		
Describe duties (Be Specific, include equipment operated and supervisory responsibilities if any)				
Reason for leaving				

Employer's Name				Phone Number ( )
Address Street		City	State	ZIP Code
Job Title		Salary / Wages		
Dates From To		Supervisor's name and title		
Describe duties (Be Specific, include equipment operated and supervisory responsibilities if any)				
Reason for leaving				

List other employment not shown above:

FROM DATE	TO DATE	NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY	REASON FOR LEAVING

References

Please list 3 references (not relatives or employers) to contact who are acquainted with your work history.

NAME	COMPANY or ADDRESS	PHONE NUMBER

Read the following carefully before signing

AUTHORIZATION AND ACKNOWLEDGMENT FOR EMPLOYMENT

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that Brodhead Water & Light shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I authorize pertinent companies, schools, agencies, municipalities, or persons to give Brodhead Water & Light any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Brodhead Water & Light including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance screening, prior to appointment to a position with Brodhead Water & Light. Refusal to participate will result in the withdrawal of any offer of employment.

THIS APPLICATION IS KEPT ON FILE OF ONE (1) YEAR. IF YOU HAVE NOT HEARD FROM US WITHIN THAT TIME AND STILL DESIRE TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR YOU TO RE-APPLY WHEN WE ACCEPT APPLICATIONS AGAIN.

_____ _____

Date Signature

Return this application to:

Brodhead Water & Light
507 19th St, PO Box 227
Brodhead WI 53520
Or
Email to: ehoff@brodheadwL.com

Thank you for applying with Brodhead Water & Light