

MARSHFIELD UTILITIES APPLICATION FOR EMPLOYMENT

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. Marshfield Utilities is an Equal Opportunity Employer.

Date _____

Name in Full _____
(PLEASE PRINT)

Present Address _____ Phone _____

City _____ State _____ Zip _____

Kind of work desired _____ Wages Expected _____

Previously employed here? _____ From _____ To _____ Dept _____

Have you any relatives or friends in our employ? { Name _____ Relationship _____
 { Name _____ Relationship _____

In case of accident notify _____ Phone _____

Address _____ City _____ State _____

| EDUCATION | Name and Location of School | No. of Years Attended | Course of Study | | Did You Graduate? | Degree(s) Held |
|-----------------------|-----------------------------|-----------------------|-----------------|---------|-------------------|----------------|
| | | | General | Special | | |
| Elementary School | | | | | | |
| High School | | | | | | |
| Night School | | | | | | |
| College or University | | | | | | |
| Graduate School | | | | | | |

Have you served apprenticeship? _____ How long? _____ Trade? _____

Where served? _____ When served? _____

Other pertinent experience _____

FORMER EMPLOYERS: List below all previous employers starting with your most recent employment first.
 If you are now working, present employer and reason for desire to quit must be included.
 Also give reason for lapse of time where a period of termination of one place of employment does not fit into the next place of employment.

| Name and Address of Company | Name of Supervisor | Kind of work | Wages Per Hour | Date Started | Date Left | Reason |
|-----------------------------|--------------------|--------------|----------------|--------------|-----------|--------|
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May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact.

Are you able to perform the essential job functions of the position for which you are applying?
 [job description attached] ___ yes ___ no

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses?
 If yes, describe in full _____

Have you ever served in the Armed Forces of the United States? _____

State Rank and Branch of Service _____

Dates of Service _____

AUTHORIZATION AND ACKNOWLEDGEMENT 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 Marshfield Utilities 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 also authorize pertinent companies, schools, agencies, municipalities or persons to give to Marshfield Utilities any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Marshfield Utilities 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 abuse screening, prior to an appointment to a position with Marshfield Utilities. Refusal to participate will result in the rejection of my application.

Applicant's Signature _____ Date _____