



Madison Metropolitan Sewerage District Application for Employment

Please Print All Entries

The Madison Metropolitan Sewerage District is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in employment.

NAME _____
(Last) (First) (Middle)

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS _____ TELEPHONE () _____

List the title of position you wish to apply for:	Do you have any relatives working for this organization? If so, list their name and your relationship to them:
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Full-Time Part-Time Summer Temp/Project Date Available for Work? _____

Are you willing to work hours other than 7-3:30? Yes No Are you willing to work overtime if required? Yes No

Are there any days you cannot work? _____

Do you have a current valid Driver's License? Yes No Do you have a Commercial Driver's License? Yes No

Are you over 16 years of age? Yes No Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of a crime (excluding misdemeanors and minor traffic offenses)? Yes No

If your answer is "Yes" list convictions on a separate sheet of paper giving the dates and nature of the offense and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Your conviction will only be considered if it substantially relates to the position you are applying for.

EDUCATION:

Indicate Highest Grade Completed: _____ Did you graduate from high school or receive GED? Yes No

Type of School	Name and Location of School	Areas of Study	Did You Graduate?
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as forklifts, calculators, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

MILITARY SERVICE:

Are you a veteran? Yes No

Dates of Service (From/To): _____

Discharge rank and position: _____

General Comments:

EMPLOYMENT REFERENCES:

Name	Address	Years Known	Telephone	What is your connection to this person?

MADISON METROPOLITAN SEWERAGE DISTRICT

EMPLOYMENT HISTORY:

Include ALL employment. Begin with your current or last position and work back to your first.

Position Title:						Immediate Supervisor's Name:			Full-Time <input type="checkbox"/>
Employer:									Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Title:			Summer <input type="checkbox"/>
City, State, & Zip:									Temp/Proj <input type="checkbox"/>
Telephone No.:						Supervisor's Telephone No.			Give average no. of hours worked per week if Part-Time:
Starting Date:		Leaving Date:		Current/Final Salary:		Position:			
Mo.	Day	Yr.	Mo.	Day	Yr.	\$			
							If supervisory, no. of employees you supervised:		
Summary of Experience:									
Specific Reason for Leaving:									

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Employer:									Part-Time <input type="checkbox"/>
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Employer:									Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Title:			Summer <input type="checkbox"/>
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Mo.	Day	Yr.	Mo.	Day	Yr.	\$			
							If supervisory, no. of employees you supervised:		
Summary of Experience:									
Specific Reason for Leaving:									

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. (We will not contact your current employer without your permission.)

<p>THIS APPLICATION MUST BE SIGNED (When transmitted electronically, this document will be considered signed by the submitter.)</p>	<p>SIGN HERE:</p>	<p>_____</p> <p>Applicant's Signature</p>	<p>_____</p> <p>Date</p>
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