

2400 Post Road
PO Box 37
Plover, WI 54467

VILLAGE OF PLOVER
WASTEWATER UTILITY EMPLOYMENT
APPLICATION

Affirmative Action
Equal Opportunity Employer

POSITION APPLIED FOR **WASTEWATER SYSTEM OPERATOR**

NAME (LAST, FIRST, MI)

SOCIAL SECURITY #

MAY WE CALL YOU AT WORK?

YES NO

COMPLETE MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

VALID WISCONSIN DRIVER'S LICENSE?

YES NO

HOME PHONE

WORK PHONE

CELL PHONE

CLASS B&D CDL LICENSE W/AIR BRAKE

ENDORSEMENT YES NO

DATE YOU COULD START

EMAIL ADDRESS

LIST RELATIVES SERVING ON VILLAGE COMMISSIONS, COMMITTEES, BOARDS OR EMPLOYED BY VILLAGE:

EDUCATION

YEARS COMPLETED

HIGH SCHOOL NAME

CITY/STATE

POST HIGH SCHOOL INSTITUTION NAME

FIELD OF STUDY

POST HIGH SCHOOL INSTITUTION NAME

FIELD OF STUDY

POST HIGH SCHOOL INSTITUTION NAME

FIELD OF STUDY

LIST SPECIALIZED TRAINING

LIST CURRENT PROFESSIONAL CERTIFICATION(S)

WORK SKILLS OR QUALIFICATIONS

LIST YOUR PROCESS CONTROL QUALIFICATIONS

LIST YOUR COLLECTION SYSTEM QUALIFICATIONS

LIST YOUR LABORATORY QUALIFICATIONS. LIST SPECIFIC EXPERIENCE WITH BOD, TSS, AMMONIA, AND PHOSPHOROUS ANALYSIS.

LIST YOUR MAINTENANCE QUALIFICATIONS

LIST ANY OTHER PERTINANT KNOWLEDGE, SKILLS, OR QUALIFICATIONS

ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL FUNCTIONS/DUTIES OF THE JOB DESCRIPTION? YES NO
IF NO, PLEASE LIST WHICH FUNCTIONS YOU COULD PERFORM WITH REASONABLE ACCOMODATIONS.

DO YOU HAVE ANY CRIMINAL CHARGES PENDING OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
PENDING CRIMINAL CHARGES ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT IF YES, PLEASE EXPLAIN:

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? YES NO
CONVICTION WILL NOT NECESSARILY DISQUALITY APPLICANT FROM EMPLOYMENT IF YES, PLEASE EXPLAIN:

IMPORTANT: WE NEED THE INFORMATION REQUESTED BELOW TO AID US IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION. IT IS IMPORTANT THAT THIS DATA BE AS COMPLETE AS POSSIBLE IN ORDER THAT YOU RECEIVE MAXIMUM CONSIDERATION. PLEASE LIST YOUR PRESENT AND PAST FULL AND PART-TIME EMPLOYMENT. GIVE SPECIAL ATTENTION TO EXPERIENCE RELATING TO THE JOB FOR WHICH YOU ARE APPLYING. BE SURE TO GIVE VOLUNTEER WORK AND ANY RELATED SELF-EMPLOYMENT AND MILITARY SERVICE. YOU NEED NOT GO BACK BEYOND 10 YEARS UNLESS YOU FEEL PRIOR EXPERIENCE IS REASONABLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. USE ADDITIONAL SHEET(S) IF NECESSARY. YOU MAY ALSO ATTACH A BRIEF RESUME TO FURTHER EXPLAIN YOUR QUALIFICATIONS, HOWEVER, YOU MUST PROVIDE ALL THE INFORMATION REQUESTED BELOW TO BE CONSIDERED FOR THE POSITION.

FROM (MO. & YEAR)	TITLE OF POSITION	EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	FINAL SALARY	FULL TIME Y N	ADDRESS
PRIMARY DUTIES			
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		YOUR REASON FOR LEAVING OR CONSIDERING CHANGE	
FROM (MO. & YEAR)	TITLE OF POSITION	EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	FINAL SALARY	FULL TIME Y N	ADDRESS
PRIMARY DUTIES			
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		YOUR REASON FOR LEAVING	
FROM (MO. & YEAR)	TITLE OF POSITION	EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	PRESENT SALARY	FULL TIME Y N	ADDRESS
PRIMARY DUTIES			
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		YOUR REASON FOR LEAVING	

PERSONAL REFERENCES (Excluding relatives)

NAME AND OCCUPATION	ADDRESS	TELEPHONE

I CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND IF I AM EMPLOYED, ANY FALSE STATEMENTS OR OMISSIONS MAY LEAD TO IMMEDIATE DISMISSAL AND I AGREE THAT THE VILLAGE SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED FOR SUCH REASON. YOU ARE HEREBY AUTHORIZED TO VERIFY THE INFORMATION I HAVE SUPPLIED AND TO CONDUCT ANY INVESTIGATION TO THE INFORMATION PROVIDED AND MY PERSONAL HISTORY. I AUTHORIZE THE COMPANIES, SCHOOLS AND PERSONS NAMED ABOVE TO GIVE ANY INFORMATION REQUESTED REGARDING MY EMPLOYMENT, CHARACTER AND QUALIFICATIONS, AND RELEASE AND HOLD HARMLESS THE VILLAGE OF PLOVER AND THE COMPANIES, SCHOOLS AND PERSONS SEEKING OR PROVIDING SUCH INFORMATION FROM ANY AND ALL LIABILITY. I FURTHER UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE CONDITIONED UPON THE RESULTS OF A PHYSICAL EXAMINATION AND/OR SUBSTANCE ABUSE SCREENING.

I FURTHER UNDERSTAND THAT MY CLASSIFICATION AS AN EMPLOYEE DEPENDS UPON SUCCESSFULLY PERFORMING ASSIGNED WORK DURING THE ORIENTATION PERIOD. I UNDERSTAND MY APPLICATION WILL BE PROCESSED IN A CONFIDENTIAL MANNER. I AUTHORIZE A RELEASE OF ANY RECORDS PERTAINING TO MY EDUCATION, EMPLOYMENT, AND POLICE AND/OR PERSONAL REFERENCE TO THE VILLAGE OF PLOVER.

SIGNATURE OF APPLICANT

DATE