

SHAKOPEE PUBLIC UTILITIES

Employment Application



Position(s) Applied For

Date of Application

How Did You Learn About Us

Advertisement
 Friend
 Inquiry
 Employment Agency
 Relative
 Other _____

APPLICANT INFORMATION

Last Name		First Name		M.I.
Street Address				Apt./Unit #
City		State		Zip
Phone		E-mail Address		
Date Available		Social Security No. (voluntary)		Desired Hourly Rate/Salary \$
Are you a citizen of the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when?	
Have you ever filed an application with us before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give date	
If you are under 18 years of age, can you provide required proof of your eligibility to work?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do any of your friends or relatives work here?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state name, relationship	
Are you currently employed?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

REFERENCES (Do not include family members or past supervisors)

Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

EMPLOYMENT EXPERIENCE - Include any job related military assignments

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Hourly Rate/Salary \$	Ending Hourly Rate/Salary \$	
Work Performed			
Date From	Date To	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Hourly Rate/Salary \$	Ending Hourly Rate/Salary \$	
Work Performed			
Date From	Date To	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Hourly Rate/Salary \$	Ending Hourly Rate/Salary \$	
Work Performed			
Date From	Date To	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand also, that I am required to abide by all rules and regulations of the Employer.

Signature

Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.