APPLICATION
FOR EMPLOYMENT

MAQUOKETA MUNICIPAL ELECTRIC UTILITY

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.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Relative ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ Other _____

Last Name	First Name	Middle Name

Address *Number* *Street*	*City*	*State*	*Zip Code*

Telephone Number(s)	Social Security Number

Best time to contact you: ..... _____: _____ AM/PM ☐ ☐

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

Have you ever filed an application with us before? ..... ☐ Yes ☐ No
If Yes, give date _____

Have you ever been employed with us before? ..... ☐ Yes ☐ No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed?..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment ☐ Yes ☐ No

Date available for work _____/_____/_____ What is your desired salary range? _____

Are you available to work:

☐ Full-Time (please indicate ☐1 ☐2 ☐3 shift)

☐ Part-Time (please indicate ☐Mornings ☐Afternoon ☐Evenings)

☐ Temporary (please indicate dates available _____/_____/_____ - _____/_____/_____

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

Have you ever been convicted of a felony? *(A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.)* ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER (1/11/2016)

	Name and Address of School	Course of Study	Number of Years Completed	Degree (Specify)
Elementary School				
High School				DIPLOMA YES OR NO
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job related training received in the United States military.

EMPLOYMENT EXPERIENCE MAQUOKETA MUNICIPAL ELECTRIC UTILITY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

_____

SPECIALIZED SKILLS (EQUIPMENT OPERATED)

MACHINERY/OFFICE EQUIPMENT		SOFTWARE	OTHER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ Yes ☐ No

REFERENCES

1.		( )
(Name)		Phone#
(Address)		Relationship
2.		( )
(Name)		Phone#
(Address)		Relationship
3.		( )
(Name)		Phone#
(Address)		Relationship

APPLICANT'S STATEMENT MAQUOKETA MUNICIPAL ELECTRIC UTILITY

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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.

I authorize Maquoketa Municipal Electric Utility to investigate all statements contained in my application for employment and to investigate my qualifications, education, training, and work experience.

I authorize Maquoketa Municipal Electric Utility to do a background check.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature Date

FOR OFFICE USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

Arrange Interview ☐ Yes ☐ No Date & Time _____

Remarks _____

_____

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____ _____

NAME AND TITLE DATE