



APPLICATION FOR EMPLOYMENT

Personal Information

_____		_____		_____	
Last Name		First name		Middle	
_____		_____		_____	
Address		City		State Zip	
_____		_____		_____	
Home Phone		Cell Phone		Email Address	
_____		_____		_____	
Social Security Number		Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No			
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No					
If selected for employment... are you willing to submit to a pre-employment background check and drug screening test?					
<input type="radio"/> Yes <input type="radio"/> No					

Education

School Name	Location	Years Attended	Degrees Received	Major

Employment (Please provide last five years of employment - Use additional sheet if needed.)

_____		_____		_____	
Employer		Dates Employed?		From To	
_____		_____		_____	
Work Phone		Pay Rate		Supervisors Name and Title	
_____		_____		_____	
Address					

City		State		Zip	
_____		_____		_____	
Position					

Duties Performed					

Reason for leaving?					

Employment

Employer _____		Dates Employed? From _____ To _____	
Work Phone _____	Pay Rate _____	Supervisors Name and Title _____	May we contact them? <input type="radio"/> Yes <input type="radio"/> No
Address _____			
City _____	State _____	Zip _____	
Position _____			
Duties Performed _____			
Reason for leaving? _____			

Employment

Employer _____		Dates Employed? From _____ To _____	
Work Phone _____	Pay Rate _____	Supervisors Name and Title _____	May we contact them? <input type="radio"/> Yes <input type="radio"/> No
Address _____			
City _____	State _____	Zip _____	
Position _____			
Duties Performed _____			
Reason for leaving? _____			

What Position Are You Apply For?

Position? _____

Full-time Part-time

What pay rate do you expect? _____

References

Name	Title	Company	Phone

Job Specific Required Information

Do you have a valid driver's license? Yes No

Do you have a CDL? Yes No

If yes, what class? _____

Have you had any of the following: Yes No

- *More than 2 moving violations and/or accidents (or a combination of the (two) within the past three years):*
- A major violation(s) during the past 5 years. They include (*but are not limited to*):
 - Driving while intoxicated or under the influence (DWI/DUI/OWI/OUI)
 - Leaving the scene of an accident (hit and run)
 - Careless or reckless driving
 - Manslaughter/homicide or assault through use of a motor vehicle
 - Fleeing/eluding a police officer
 - Commission of a felony
 - More than 3 vehicle related suspensions/reinstatements over a three-year period. Count these separately from the other violations.
 - Drivers who currently have a suspended, expired or revoked License.

Do you have boating experience on the Chain O' Lakes/Fox River? Yes No

Can you operate a boat? Yes No

If yes, how many years experience do you have operating a watercraft? _____

Do you have your boaters safety certificate? Yes No

Can you swim? Yes No

Can you run heavy equipment? Yes No

If yes, please list equipment here and type of experience:

Please list any certifications or special training you have:

Acknowledgement and Authorization (Please provide your initials in each box you authorize.)

I certify that all answers given herein are true and complete to the best of my knowledge

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

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date