

# WALWORTH COUNTY METROPOLITAN SEWERAGE DISTRICT

975 W. Walworth Avenue • Delavan, WI 53115

Telephone (262) 728-4140 • Fax (262) 728-4142

[www.walcomet.org](http://www.walcomet.org)



## Application for Employment

APPLICANT INFORMATION				
Name (Last, First, Middle)				
Street Address		City	State	Zip Code
Phone Number		Email Address		Social Security Number
Position Applied For		Date Available		Desired Salary
Are you legally eligible 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 yes, when?				
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.				
Are you willing to consent to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you been told the essential duties of the job or have you viewed a copy of the job description? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Can you perform the essential duties of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

MILITARY SERVICE		
Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Branch	From	To
Type of Discharge	If not honorable, please explain:	

REFERENCES	
Full Name (1)	Relationship
Company	Title
Email Address	Phone Number

<b>REFERENCES (continued)</b>		
Full Name (2)		Relationship
Company		Title
Email Address	Phone Number	
Full Name (3)		Relationship
Company		Title
Email Address	Phone Number	

<b>WORK HISTORY</b> Start with your present or most recent employer (Include paid and unpaid positions)		
Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving		
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving		
Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving		

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that the information contained in this application is correct and to the best of my knowledge. I understand that any false or misleading information in my application or interview may result in my employment being terminated.	
Signature	Date