Selmer Utility Division Employment Application

PERSONAL	4				***************************************		
Name							
(Last)		(First)		(Middle)			
Address							
(Str	eet)	(City)		(Stat	le)	(Zip Code)	
Telephone		**************************************			Makes to the desired to the second se		
	Area Code) nse Number	Ctoto		Francisco 41			
		•					
in the last seven years?		y Yes No Explain Felony Yes No					
Are you a citizen of the United States?							
	to perform the essential fu		with or withou	t accommo	dotiono? [TVon DMa	
	r been discharged or aske	•			uations: [1 tes □ N0	
			:				
nie you avalla	ble to work any shift? If no						
OB INTER	EST/SKILLS						
Position(s) an	oplied for			Colom	Doolsed		
***	plied for a position here be		•				
Type of emplo	pyment requested	Full Time	ime 🔲 T	emporary	☐ Sum	mer	
Date you coul	ld begin working	7	yping Speed	(WPM)			
Summarize a	ny software applications, o				•		
P			TO WARREN WATER CONTROL OF THE PARTY OF THE				

DUCATION	1						
TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	FROM	το	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED	
HIGH SCHOOL	,	·	: .				
COLLEGE OR			 				
UNIVERSITY							
OTHER EDUCATION							
OTHER EDUCATION							

Address		•		
(Street)	(City)		(State)	(Zip Code)
Supervisor and Title		Your Title		
Employed From	— То	Starting Salary	Endin	g Salary
Reason for leaving				
2. Name of Employer				
Address (Street)				
,	(0.0)			(Zip Code)
Supervisor and Title		Your Title		
Employed From	— То ———	Starting Salary	Endir	ng Salary
Work Performed			***	
			. :	
Reason for leaving				
3. Name of Employer				
Address (Street)				
	(Çity)		(State)	(Zip Code)
Supervisor and Title		Your Title		
Employed From	_ То	Starting Salary		
Work Performed				* **
December				
Reason for leaving	And the second s			· · · · · · · · · · · · · · · · · · ·
Heason for leaving				
	Relationship	Home Phone		Daytime Phone
REFERENCES	Relationship	Home Phone		Daytime Phone
EFERENCES	Relationship	Home Phone		Daytime Phòne
EFERENCES		Home Phone		Daytime Phone
EFERENCES Name	e in this application are correct dental, is grounds for disqualific ntact any and all of the referen ave. Further, I relation of elicibil	to the best of my knowledge. I un cation of employment consideration coes I have listed above to obtain p over mentioned references from an	n, or dismissal fro revious employm y and all liability for st be satisfied for	r falsification of this m employment if I am hire ent information or any othe or any damages that may