OFFICE USE ONLY

Central Wisconsin Electric Cooperative Application for Employment

Central Wisconsin Electric Cooperative (CWEC) is an equal opportunity employer. No information provided here will be used in an unlawful manner.

Instructions:								
 Complete in your own handwriting using black ink. Answer all questions. Your application will not be considered if incomplete. Read and sign Page 4. Mail to: Central Wisconsin Electric Cooperative Attn: Human Resources 								
	E Box 100 Fax to: (715) 677-4333 sholt, WI 54473							
Position Applied for:								
GENERAL	NFORMATIC	NC						
Last Name		First Name		M	liddle Nam	6		
Mailing Address			City	1		State	Zip Code	
Home Phone Number		Cell Phone Num	ber (Optional)	V	Vork Phone	Number (Opt	tional)	
🗌 Yes 🗌 No	Yes No Are you under the age of 18?							
🗌 Yes 🗌 No	Do you have a valid driver's license? (A valid driver's license is a job-related requirement of some positions at this Cooperative.)							
🗌 Yes 🗌 No	Are you related by blood or marriage to any of the following persons: an employee of CWEC or a member of the CWEC Board of directors?							
	If the answer is "yes," state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related.							
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🗌 Yes 🗌 No	Are you legally eligible for employment in the United States? You will be required as a part of the application process to provide any employment eligibility verification mandated by the federal government.							
🗌 Yes 🗌 No	Have you ever been employed by Central Wisconsin Electric Cooperative? If yes, provide dates of employment.							
🗌 Yes 🗌 No	Were you referred	by a current en	nployee for this po	sition? If y	es, provid	de the emp	loyee's name.	

EMPLOYMENT HISTORY		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Provide your employment information below. Begin with you Information section (page 3) to complete your employment	ur present or most recent employ history if necessary.	yment. Use the Other		
Employer Name and Address:	Job Title:			
	Describe the work you did:			
Phone Number				
Type of Business:				
Starting Salary:	From: (month/year)	To: (month/year)		
Ending Salary:	Reason for Leaving:			
Name of Supervisor:				
Supervisor's Phone Number:				
Employer Name and Address:	Job Title:			
	Describe the work you did:			
Phone Number:				
Type of Business:				
Starting Salary:	From: (month/year)	To: (month/year)		
Ending Salary:	Reason for Leaving:			
Name of Supervisor:				
Supervisor's Phone Number:				
Employer Name and Address:	Job Title:			
	Describe the work you did:			
Phone Number:				
Type of Business:				
Starting Salary:	From: (month/year)	To: (month/year)		
Ending Salary:	Reason for Leaving:			
Name of Supervisor:				
Supervisor's Phone Number:				
May we contact the employers listed above?	Yes No			
If no, indicate which employer(s) we should not contact:				

dicate all schools that	t you have atte	ended.						
	High So		Vocational/Teo	chnical	College/L	Iniversity	Graduat	e School
School Name and Address								
Did you graduate?	Yes	No	Yes N	lo	Yes	No	Yes	No
Diploma/Degree and Year Graduated								
Major Course(s) of Study								
Other Post High School Courses Completed							1	_
SERVICE IN THE A iranch of Armed Forces: ieneral Duties/Training:	RMED FOR	RCES						No.
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APPLICANT AUTHORIZATION (Read carefully and initial each paragraph before submitting.)						
	I certify that the facts contained in this application and/or resume for employmen Cooperative are true and complete to the best of my knowledge. I understand t falsifications, and/or deliberate omissions identified now or in the future may res	that any misrepresentations,				
	I authorize investigation of all statements herein. I also authorize by my signatu organizations and individuals referred to herein to furnish information to the Coo any forum that the Cooperative is liable to me should it, in processing this empl- information provided from these sources, even if the information provided is ina	operative. I may not assert in oyment application, rely on				
	I understand that as a part of being considered for employment by Central Wisc may be required to undergo a physical examination which may include urine tes also require testing for alcohol.)					
	Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between Central Wisconsin Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative.					
Signed:		Date:				



Central Wisconsin Electric Cooperative PO Box 100 Rosholt WI 54473

www.cwecoop.com