

Village of Whiting
3600 Water Street
Stevens Point, WI 54481

**VILLAGE OF WHITING
EMPLOYMENT APPLICATION**

Affirmative Action
Equal opportunity employer

PLEASE TYPE OR PRINT IN INK ONLY! ATTACH ADDITIONAL SHEET(S) IF NECESSARY

TITLE OF POSITION YOU ARE APPLYING FOR:

NAME (LAST, FIRST, MI)

COMPLETE MAILING ADDRESS (STREET, CITY, STATE, ZIP)

VALID WISCONSIN DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NUMBER	CDL LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST ENDORSEMENTS (INCLUDE VEHICLE WEIGHT CLASS)
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HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS
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LIST RELATIVES SERVING ON VILLAGE COMMISSIONS, COMMITTEES, BOARDS, OR EMPLOYED BY VILLAGE:

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED
1 2 3 4 5 6 7 8 9 10 11 12/GED

TECHNICAL 1 2 3 4 5

COLLEGE 1 2 3 4 5 6

HIGH SCHOOL NAME	LOCATION (CITY/STATE)
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COLLEGE/UNIVERSITY NAME	TYPE OF DEGREE	MAJOR
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TECHNICAL/BUSINESS SCHOOL NAME	TYPE OF DEGREE	MAJOR
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ADDITIONAL COLLEGE/TECHNICAL SCHOOL NAME	TYPE OF DEGREE	MAJOR
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LIST SPECIALIZED TRAINING/SKILLS/QUALIFICATIONS	LIST CURRENT PROFESSIONAL CERTIFICATIONS
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SERVED FORMAL APPRENTICESHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TRADE, HOW LONG, WHEN, AND WHERE?	LIST OFFICE MACHINES, SPECIALIZED EQUIPMENT, OR VEHICLES WHICH YOU CAN SKILLFULLY OPERATE.
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ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL FUNCTIONS/DUTIES OF THE JOB YOU ARE APPLYING FOR? (PLEASE REFER TO THE JOB DESCRIPTION) <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE IDENTIFY WHICH ESSENTIAL FUNCTIONS YOU COULD PERFORM WITH REASONABLE ACCOMMODATIONS.
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DO YOU HAVE ANY CRIMINAL CHARGES PENDING OTHER THAN MINOR TRAFFIC VIOLATIONS? (PENDING CRIMINAL CHARGES ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED ON ITS OWN MERITS. IF YES, PLEASE EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT). <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:
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EMPLOYMENT HISTORY

IMPORTANT: WE NEED THE INFORMATION REQUESTED BELOW TO AID US IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION. IT IS IMPORTANT THAT THE DATA BE AS COMPLETE AS POSSIBLE IN ORDER THAT YOU RECEIVE MAXIMUM CONSIDERATION. PLEASE LIST YOUR PRESENT, PAST, FULL AND PART TIME EMPLOYMENT. GIVE SPECIAL ATTENTION TO EXPERIENCE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING. BE SURE TO GIVE VOLUNTEER WORK, RELATED SELF-EMPLOYMENT AND MILITARY SERVICE. YOU NEED NOT GO BACK BEYOND 10 YEARS UNLESS YOU FEEL PRIOR EXPERIENCE IS REASONABLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. USE ADDITIONAL SHEETS IF NECESSARY. YOU MAY ALSO ATTACH A BRIEF RESUME TO FURTHER EXPLAIN YOUR QUALIFICATIONS. HOWEVER, YOU MUST PROVIDE ALL THE INFORMATION REQUESTED BELOW TO BE CONSIDERED FOR A POSITION.

FROM (MO. & YEAR)	TITLE OF YOUR PRESENT/LAST POSITION		EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	PRIMARY DUTIES		EMPLOYER'S ADDRESS	
HOURS PER WEEK	STARTING HOURLY SALARY		PRESENT HOURLY SALARY	
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING OR CONSIDERING A CHANGE		
FROM (MO. & YEAR)	TITLE OF YOUR PRESENT/LAST POSITION		EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	PRIMARY DUTIES		EMPLOYER'S ADDRESS	
HOURS PER WEEK	STARTING HOURLY SALARY		PRESENT HOURLY SALARY	
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING OR CONSIDERING A CHANGE		
FROM (MO. & YEAR)	TITLE OF YOUR PRESENT/LAST POSITION		EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	PRIMARY DUTIES		EMPLOYER'S ADDRESS	
HOURS PER WEEK	STARTING HOURLY SALARY		PRESENT HOURLY SALARY	
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING OR CONSIDERING A CHANGE		
PERSONAL/PROFESSIONAL REFERENCES (Excluding relatives)				
NAME AND OCCUPATION		ADDRESS		PHONE

I CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND IF I AM EMPLOYED, ANY FALSE STATEMENTS OR OMISSIONS MAY LEAD TO IMMEDIATE DISMISSAL AND I AGREE THAT THE VILLAGE OF WHITING SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED FOR SUCH REASONS. YOU ARE HEREBY AUTHORIZED TO VERIFY THE INFORMATION I HAVE SUPPLIED AND TO CONDUCT ANY INVESTIGATION TO THE INFORMATION PROVIDED INCLUDING MY PERSONAL HISTORY. I AUTHORIZE THE COMPANIES, SCHOOLS AND PERSONS NAMED ABOVE TO GIVE ANY INFORMATION REQUESTED REGARDING MY EMPLOYMENT, CHARACTER AND QUALIFICATIONS, AND RELEASE AND HOLD HARMLESS THE VILLAGE OF WHITING AND THE COMPANIES, SCHOOLS AND PERSONS SEEKING OR PROVIDING SUCH INFORMATION FROM ANY AND ALL LIABILITY. I FURTHER UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE CONDITIONED UPON THE RESULTS OF A PHYSICAL EXAMINATION AND/OR SUBSTANCE ABUSE SCREENING.

I FURTHER UNDERSTAND THAT MY CLASSIFICATION AS AN EMPLOYEE DEPENDS UPON SUCCESSFULLY PERFORMING ASSIGNED WORK DURING THE ORIENTATION PERIOD. I UNDERSTAND MY APPLICATION WILL BE PROCESSED IN A CONFIDENTIAL MANNER. I AUTHORIZE A RELEASE OF RECORDS PERTAINING TO MY EDUCATION, EMPLOYMENT, AND POLICE AND/OR PERSONAL REFERENCE TO THE VILLAGE OF WHITING.

SIGNATURE OF APPLICANT: _____ DATE _____

PLEASE INCLUDE A RESUME AND COVER LETTER. APPLICATIONS ARE DUE **MARCH 3, 2026**.
RETURN COMPLETED APPLICATION TO:

VILLAGE OF WHITING
ATTENTION: DIRECTOR OF PUBLIC WORKS AND UTILITIES
3600 WATER STREET
STEVENS POINT, WI 54481

OFFICE HOURS:
9:00 A.M. - 3:30 P.M. MONDAY – FRIDAY
(NIGHT DROP OFF BOX LOCATED AT ABOVE ADDRESS)

APPLICATION MATERIALS MAY ALSO BE E-MAILED TO THE DIRECTOR OF PUBLIC WORKS
AND UTILITIES AT THE FOLLOWING ADDRESS:

jwilcox@villageofwhiting.com