



APPLICATION INSTRUCTIONS

1. Applications will be reviewed or considered only when there is an open position.
2. Applications are considered “active” for thirty (30) days. To be considered for an open position after thirty (30) days you must re-apply.
3. You must answer all questions. If a question is not applicable, mark it “N/A”. You must sign the application. Incomplete or unsigned applications will not be considered.
4. Offers of employment will be conditioned on successfully passing a drug and alcohol test pursuant to North Central Utility's Drug and Alcohol Testing Policy. A post offer fitness-for-duty physical may also be required.



- Madison (800)362-7370
 Waukesha (800)472-1022
 WI Rapids (800)522-5661
 Wausau (800)221-5760
 Kaukauna (800)233-9122
 Eau Claire (855)259-9595

Instructions: Please answer all questions and sign. Incomplete applications will not be considered.

1. PERSONAL INFORMATION

Name: _____

Address: _____

Last	First	Middle
_____	_____	_____
Street Address	Telephone	
_____	_____	
City	State	Zip
_____	_____	_____

Are you 18 years of age or older? Yes No

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

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

Do you have a reliable means of transportation to and from work? Yes No

If yes, please describe: _____

Are you related to or do you live with anyone who has worked here or who currently works here? Yes No

If yes, who: _____

Have you ever worked for this company before? Yes No

If yes, please list date(s) and position(s) _____

Are there any periods during the year in which you will not be available to work because of other commitments? Yes No

If yes, please list such periods (date(s),hour(s)): _____

Date available to start work: _____ Hours available to work: _____

Are you able and willing to work overtime if needed? Yes No

2. KIND OF WORK DESIRED

What specific job or position are you seeking? _____

What pay are you seeking? _____

Are you seeking, please (✓)? Full-time Part-time Temporary

Have you ever been fired or disciplined for absenteeism, attendance, and/or other conduct? Yes No

If yes, please explain: _____

3. EMPLOYMENT HISTORY
 Please give complete and accurate full-time and part-time employment history. Start with present or most recent Employer

A. _____ ()
Company Name **Telephone**

Address **City** **State** **Zip**
 Dates Employed: _____ to _____ Wage: _____
 (mm/dd/yy) (mm/dd/yy) (starting) (ending)

Job Title/Duties: _____

Reason for Leaving or desiring change: _____

Name of Immediate Supervisor: _____

B. _____ ()
Company Name **Telephone**

Address **City** **State** **Zip**
 Dates Employed: _____ to _____ Wage: _____
 (mm/dd/yy) (mm/dd/yy) (starting) (ending)

Job Title/Duties: _____

Reason for Leaving or desiring change: _____

Name of Immediate Supervisor: _____

C. _____ ()
Company Name **Telephone**

Address **City** **State** **Zip**
 Dates Employed: _____ to _____ Wage: _____
 (mm/dd/yy) (mm/dd/yy) (starting) (ending)

Job Title/Duties: _____

Reason for Leaving or desiring change: _____

Name of Immediate Supervisor: _____

May we contact all of the Employer(s) indicated for reference purposes? Yes No
 If no, please list those we may not contact and why: _____

- Actual Experience in any of the following - Please (✓) all that apply:**
- | | | | |
|--|--|---|--|
| <u>SERVICE DEPT.</u> | <u>PARTS DEPT.</u> | <u>OFFICE</u> | <u>SALES DEPT.</u> |
| <input type="checkbox"/> Mechanic | <input type="checkbox"/> Part Counter Sales | <input type="checkbox"/> Asst. Bookkeeper | <input type="checkbox"/> Trailer Sales |
| <input type="checkbox"/> Painter | <input type="checkbox"/> Route Sales | <input type="checkbox"/> Bookkeeper | |
| <input type="checkbox"/> Service Sales | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Clerk | <u>OTHER</u> |
| <input type="checkbox"/> Shop Foreman | <input type="checkbox"/> Asst. Parts Manager | <input type="checkbox"/> Office Manager | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Service Manager | <input type="checkbox"/> Parts Manager | | <input type="checkbox"/> _____ |
| | | | <input type="checkbox"/> _____ |

4. OTHER BACKGROUND

Describe any training or experience you have that qualifies you for the position you seek: _____

Describe any equipment you have worked with or operated in prior jobs: _____

If you are applying for an office position, list the computer equipment and software programs and office equipment you have experience with: _____

Are you subject to a pending criminal charge(s), out on bail and/or subject to any parole condition(s)? Yes No

If yes, please describe: _____

Have you been convicted of a crime(s) in the last ten years (Disclosing convictions will not necessarily prevent you from being hired)? Yes No

If yes, please provide date(s) of conviction(s) and describe the circumstances of the crime(s):

5. EDUCATION

Name and Address	Circle last year completed	Graduate (please ✓)	Degree	Major
High School or Preparatory	1 2 3 4 1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Work	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Technical School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List scholastic honors, offices held, and activities in high school or college. Do not list organizations which reveal race, creed, color, national origin, age and/or sex. _____

If you did not graduate, why did you leave school or college? _____

List any other courses or training programs you have completed which will aid us in evaluating your qualifications for the position you are seeking:

<u>Course Name</u>	<u>School or Course Sponsor</u>	<u>Describe Course Content</u>	<u>Date Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. SERVICE IN ARMED FORCES

Branch of Service _____ Date(s) Served _____ to _____

Describe any duties or special training that you believe qualifies you for the job you seek: _____

7. JOB DUTIES

Please review the list of job duties provided to you. Is there any reason you cannot perform the duties listed (either with or without a reasonable accommodation for a disability)? Yes No

If yes, please explain: _____

8. UNEMPLOYMENT

For all periods within the last five years that you were not employed, describe what you were doing:

FROM TO STATE WHAT YOU WERE DOING
(month/year) (month/year)

READ BEFORE SIGNING

I certify that the information on this application is complete, true and correct. I also authorize the company to check the references and statements on this application and agree to cooperate with such an investigation and release it and anyone furnishing information from all liability or damage to me related to the information provided.

I agree that if I am hired, in consideration of my new employment, I will hold in strict confidence and not use or disclose, except in connection with my duties as an employee of this company, all information marked or designated as confidential by the company and any information relating to the identity of customers of the company, business plans, inventories or financial records as long as such information is not generally known to others outside the company. I understand that this confidentiality pledge will remain in effect after any termination of my employment for two years and I also promise to deliver to the company any original and all copies of any confidential information described above immediately upon termination. This two-year limitation does not apply to the company's trade secrets, which I promise to not use or disclose as long as they are not reasonably ascertainable through proper means by others outside the company.

I understand and agree that if I am employed my employment can be terminated with or without cause or reason and with or without prior notice, at any time, at the option of either the company or myself.

I understand and agree that no one employed by the company, except the President, Vice President, or Secretary Treasurer acting through a signed document, has the authority to enter in any agreement, whether oral or written, to employ me on any basis other that is stated in the preceding paragraph.

Signature of Applicant

Date

NOTE: By submitting an application with an electronic signature, the applicant signing is affirmatively consenting to the use of his/her electronic signature, acknowledging the electronic signature is legally binding, stating that the information provided above is true, and affirming their identity.

Employment Qualification Questionnaire

(Please check “YES” if you would be able to perform a task with a reasonable accommodation for any disability you may have)

Mechanics	YES	NO
Do you have trailer & or truck body repair experience?		
Have you installed truck bodies on straight trucks?		
Have you repaired or installed liftgates?		
Experience in use of Mig Welder? If so, Steel ____ Stainless ____ Aluminum		
Can you use in Acetylene Cutting Torch &/or Plasma Cutter		
Have you ever been classified as a “Certified Welder”? If so, Mig ____ Tig ____ Stick ____		
Have you performed major repairs to refrigerated trailers?		
Have you ever used spray &/or pour foam equipment		
Do you have working experience replacing trailer panels, posts, bows, rails, etc?		
Do you have working experience in trailer axle alignments?		
Do you have working experience in trailer brake jobs?		
Do you have working experience in replacing trailer springs?		
Do you have working experience analyzing trailer air system problems?		
Do you have working experience repairing trailer lights and wiring?		
Do you have hands-on experience building or repairing swing type trailer doors?		
Do you have hands-on experience building or repairing roll-up type trailer doors?		
Do you have experience replacing trailer flooring?		
Do you have hands-on experience repairing or replacing trailer roofs?		
Do you have experience repairing repairing &/or replacing trailer support legs?		
Do you have experience prepping a trailer for paint?		
Do you have working experience in Hydraulics?		
Do you have working experience in anti-lock brake systems (ABS) on trailers?		
Do you have hands-on experience with running or trouble shooting electrical wiring?		
Do you read Tools of Measurement?		
Do you have working experience with spray painting equipment?		
Do you own tools and a toolbox?		
Do you have any working experience with operating a Forklift?		
Are you forklift certified?		
Do you have computer experience of any kind?		
Do you have working experience in a parts room?		
Do you have experience performing parts inventory?		
Do you have metal forming skills?		
Can you use a metal shear?		
Can you use a Break Press?		
Do you have Machinist Skills? Milling ____ Machining ____ Lathes ____		
Do you have a working knowledge of carpentry?		

Paint Department	YES	NO
Do you have working experience Painting with Automotive finishes?		
Have you worked with DuPont products?		
Do you have experience in paint prep?		
Do you have air powered spray paint equipment?		
Do you have hands on experience using an air sander?		
Can you work from a Scaffold?		
Are you available to work overtime if requested?		
Are you available to work Saturdays when required?		
Are you available to work shifts other than day shifts?		
Do you have hands-on experience performing auto body work?		
Can you wear a respirator?		
Experience use of paint equipment? If so, pressure pot system (Y) or (N)		
Experience use of paint scales? If so, spray guns? (Y) or (N)		

Administrative, Clerical/Technical	YES	NO
Do you have computer experience? If so, what software? _____ _____		
Do you have working experience or training in computer drafting?		
Do you have working experience or training in engineering?		
Have you worked in a sales field?		
Have you ever worked in a customer service related field?		
Have you ever performed heavy telephone work on a multi-line console?		
Have you performed as a receptionist?		
What office equipment &/or machines do you use? _____ _____		
Can you create Excel Spreadsheets?		
Do you have working knowledge of Accounting?		
Are you available to work overtime when requested?		
Are you available to work Saturdays when required?		
Are you available to work shifts other than day shifts?		

General
Do you prefer: Management Duties? _____ Clerical Duties? _____ Production/Labor Type Duties? _____
What would your co-workers say you are the "best" at? _____ _____
What do you believe to be your greatest strength or talent? _____ _____
How did you hear about North Central Utility? Newspaper? _____ Website? _____ Signage? _____ Building Banner? _____ Word of Mouth? _____ Friend? _____ Person Referring you: _____