



City of Mosinee
 225 Main Street
 Mosinee, WI 54455
 (715)693-2275
 www.mosinee.wi.us



APPLICATION FOR EMPLOYMENT

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FORMER EMPLOYERS: LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT

DATE/ MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		/HOUR		
FROM:		\$		
TO:		/HOUR		
FROM:		\$		
TO:		/HOUR		
FROM:		\$		
TO:		/HOUR		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY: _____

NAME

ADDRESS: _____ PHONE: _____

I Authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Futher, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

SIGNED: _____ DATE: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

RESUME RECEIVED ON: _____ INTERVIEWED BY: _____

REMARKS: _____