

Fox River Navigational System Authority

1008 Augustine St
Kaukauna, WI 54130



Employment Application

APPLICANT INFORMATION

Last Name	_____	First	_____	MI	_____	Date of Birth:	__/__/__ __
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Mailing Address:

City	_____	State	_____	ZIP	_____
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Email Address:

Cell Phone:

Our operational year typically runs May to October. Each year we look for new staff members that are willing to work summer week and weekend hours. Most positions include 6, 8, 10 hour shifts – Friday, Saturday and Sunday with one weekend off per month.

Dates Available:

Dates unavailable:

Position Applied for

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you at least 16 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Some positions required a valid driver's license, do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____
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Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	_____
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How did you hear about us?

Education (attach resume or list additional education and training on separate page)

High School	_____			Address	_____		
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From	_____	To	_____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	_____
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College	_____			Address	_____		
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From	_____	To	_____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	_____
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Other	_____			Address	_____		
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From	_____	To	_____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	_____
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Describe any additional education, training, certifications, skills, or specialized training you have (include operation of equipment)

Employment History (list the last 5 years of employers, start with most recent, attach resume and or additional employment information on separate pages)

Company Name		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
How long did you work here? _____ years _____ months Starting Date _____ Ending Date _____			

Work Experience (This section must be completed. You may attach a resume to provide additional information.)

Explain briefly what skills and abilities you developed at your last job and how they relate to the position you are applying for now.

Reason for leaving:

May we contact your current supervisor? YES NO

Company Name		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
How long did you work here? _____ years _____ months Starting Date _____ Ending Date _____			

Work Experience (This section must be completed. You may attach a resume to provide additional information.)

Explain briefly what skills and abilities you developed at your last job and how they relate to the position you are applying for now.

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Reason for leaving:

May we contact your current supervisor? YES NO

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Company Name	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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How long did you work here? _____years _____months Starting Date_____ Ending Date_____

Work Experience (This section must be completed. You may attach a resume to provide additional information.)

Explain briefly what skills and abilities you developed at your last job and how they relate to the position you are applying for now.

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Reason for leaving:

May we contact your current supervisor? YES NO

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Company Name	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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How long did you work here? _____years _____months Starting Date_____ Ending Date_____

Work Experience (This section must be completed. You may attach a resume to provide additional information.)

Explain briefly what skills and abilities you developed at your last job and how they relate to the position you are applying for now.

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Reason for leaving:

May we contact your current supervisor? YES NO

References

Provide (3) three references that are aware of your work ethics and skills

Reference 1	How long has this person known you?		
Full Name		Relationship	
Company		Phone	
Address			
Email Address			
Reference 2	How long has this person known you?		
Full Name		Relationship	
Company		Phone	
Address			
Email Address			
Reference 3	How long has this person known you?		
Full Name		Relationship	
Company		Phone	
Address			
Email Address			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that employment with the Fox River Navigational System Authority is at-will, meaning that I or the Authority may terminate my employment at any time, for any reason consistent with applicable state or federal law.

I authorize the Authority to conduct a thorough background investigation of my work and personal history. I hereby release the Authority, and its representatives, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Authority may require the successful completion of a drug and/or alcohol test in addition to future random testing as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

Signature: _____

Date: _____