

MBLP EMPLOYMENT APPLICATION



APPLICANT INFORMATION			
LAST NAME	FIRST NAME & MIDDLE INITIAL		
MAILING ADDRESS			
PHONE 1	PHONE 2	EMAIL ADDRESS	
Are you 18 or older? Y or N		Are you a U.S. citizen? Y or N	
Military Service? Y or N		Years of service?	
Convicted of a felony? Y or N		If yes, please explain.	

POSITION AVAILABLE			
What position are you applying for?			
How did you learn of the position available?			
EMPLOYMENT TYPE DESIRED	HOURLY RATE DESIRED	SALARY DESIRED	AVAILABLE START DATE
Full Time / Part Time / Temp			

EDUCATION			
SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR & DEGREE EARNED
OTHER / APPLICABLE TRAINING/QUALIFICATIONS			
APPLICABLE SKILLS / PROFICIENCIES			

REFERENCES

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

EMPLOYMENT HISTORY

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
EMPLOYER EMAIL:	PHONE	WORK PERFORMED:	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
EMPLOYER EMAIL:	PHONE	WORK PERFORMED:	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
EMPLOYER EMAIL:	PHONE	WORK PERFORMED:	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
EMPLOYER EMAIL:	PHONE	WORK PERFORMED:	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

DISCLAIMER / AUTHORIZATION / LEGAL STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

The Marquette Board of Light & Power is an Equal Opportunity Employer.

SIGNATURE

PRINTED NAME

SIGNATURE

DATE

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