



*City Gas Co.*

PHONE (715) 627-4351  
809 FIFTH AVENUE • P.O. BOX 370  
ANTIGO, WISCONSIN 54409-0370

**City Gas Company  
Application for Employment**

**Personal Information**

Name (Last, First)	Phone No.
Current Address	
Social Security No.	Referred By

**Desired Position**

Title of Position	Start Date
Are you currently employed?	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Education and Background**

	School Name	Years Completed	Subjects Studied
High School			
College			
Business or Trade School			

**Employment History**

Date – Month and year	Name & Address of Employment	Position Held	Reason for Leaving
From To			
From To			
From To			

**References - Give the names of three people not related to you, whom you have known for at least 1 year.**

Name	Address	Phone Number	Years Known

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that one or more falsified statements within this application is grounds for dismissal.

Signature\_\_\_\_\_ Date\_\_\_\_\_

