



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_____

E-mail completed application to: jbelow@citygasantigo.com