



Application for Employment

1. PERSONAL INFORMATION

Last Name	First	Middle
Address (Street, Apartment, P.O. Box)		Home Telephone Number ()
City	State	Zip Code

Position applied for: _____ Date available for work _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Desired salary: _____ I learned of this position from: _____

Best time to reach me at home: _____ May we contact you at work? Yes No
If yes, specify work number: ()

Are you over the age of 18? Yes No
If under 18, can you furnish a work permit? Yes No
(You *must* be at least 16 years of age to apply)

Are you a United States citizen or, do you have an entry permit which allows you to work? Yes No

Do you have a: Valid Wisconsin drivers license? Yes No
Valid drivers license from another state? Yes No
Give license number: _____
Give license number: _____
(Driver License Numbers are requested to verify validity)

Commercial drivers license? Yes No
Have you ever filed an application here before? Yes No
If yes, give date: _____
Have you ever been employed here before? Yes No
If yes give dates: _____

Are you on lay-off and subject to recall? Yes No
Will you relocate if job requires it? Yes No

If required by employer, will you undergo a pre-employment physical? Yes No
Will you travel if job requires it? Yes No

Have you ever been bonded? Yes No
Will you work overtime if required? Yes No

2. EDUCATION

Circle the highest grade or year completed in school:
1 2 3 4 5 6 7 8 9 10 11 12

Do you have a high school diploma or GED Equivalency? Yes No

TRAINING BEYOND HIGH SCHOOL (college or university, nursing, business college, or other schools you have attended.) Under credits earned, indicate Q for quarter hours and S for semester hours.

Circle the number of years in college or university.
1 2 3 4 5 6 7 8

Name	Dates Attended From To	GPA/Base	Major Field
Location		Credits Earned	Degree & Year Conferred

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3. TRAINING

Describe any education or training you have had which is not covered on Page 1 of this application, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job(s) for which you are applying. Also include relevant licenses and/or certifications. **Be specific.**

4. ORGANIZATIONS/AWARDS

List any organizations you belong to (or have belonged to) and any job related honors or awards you have received.

5. MILITARY SERVICE

Branch of Service	Month/Year Served		Active Duty or Reserve	Skill Specialty or Primary Duty
	From	To		

6. SKILLS

List all skills we should be aware of in considering you for employment (include use of office machines, machinery, equipment, etc.).

Typing/WPM _____ Shorthand/WPM _____ Speedwriting/WPM _____

7. CONVICTION(S)

Have you ever been convicted of any violation other than minor traffic violations? Yes No

If yes, explain _____

Existence of a criminal record does not constitute an automatic bar to employment and your record will be considered only as it may substantially relate to the job for which you are applying.

8. EMPLOYMENT HISTORY

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Employer	Kind of Business	Address
Position Held	Reason for Leaving	City, State, Zip
Your Duties/Responsibilities		Supervisor's Name/Telephone
		From To Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
		Check One: <input type="checkbox"/> Monthly Beginning \$ _____ <input type="checkbox"/> Hourly Ending \$ _____

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Applicant please read carefully and sign below.

This application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If the space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

Certification

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER, THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR ME TO FILL OUT A NEW APPLICATION.

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT INFORMATION PROVIDED AND STATEMENTS MADE AS A PART OF THIS APPLICATION MAY BE GROUNDS FOR NOT EMPLOYING ME OR FOR DISMISSING ME AFTER I BEGIN WORK IF EMPLOYED. ALL INFORMATION PROVIDED AND STATEMENTS MADE ARE SUBJECT TO VERIFICATION. PERSONAL INFORMATION YOU PROVIDE MAY BE USED FOR SECONDARY PURPOSES [PRIVACY LAW, SECTION 15.04(1)(m)].

Applicant's signature:

Date signed:

Under the provisions of Section 19.36, Wisconsin Statutes, I request that my identity for the position of _____ not be revealed without my consent or until required under law.

Applicant's signature:

Date signed:
