



## APPLICATION FORM

**Please Complete All Information**

Personal information you provide may be used for secondary purposes (Privacy Law s. 15.04(10)(m), Wisconsin Statutes).

Last Name	First Name	Middle Name
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Application for Position(s) of	Date Available	E-Mail Address
Present Address (number, street, city, state, zip code)		Home Phone
Mailing address ( if different from above) (number, street, city, state, zip code)	Cell Phone	Work Phone

Do you have access to a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid WI driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you over age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have legal authorization to work in this country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EDUCATION AND TRAINING**

What is the highest grade or year completed in school?	Do you have a High School Diploma, HSED, or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of High School	

TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours	Check the Box next to the number of years in College or University:					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

Name and Address	Dates Attended		Credits Earned	Major Field	GPA/ Base	Degree Yr. Conferred
	From	To				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certificates. Be specific. Attach another sheet if more room is needed.

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

**WORK EXPERIENCE:** Provide a complete description. This information will be used to determine if your application is accepted. **BE SPECIFIC.** Start with your most recent job and attempt to include employment occurring over the past 10 years. **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, list the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

Employer	Kind of Business	Street Address	
Your Title(s):	Kind of Business	City, State, Zip Code	
Your Duties:		Name of Supervisor	
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		From (Month & Year)	To (Month & Year)
		Check <input type="checkbox"/> Monthly Salary	Beginning: \$
		One <input type="checkbox"/> Yearly Salary	Ending: \$

Employer	Kind of Business	Street Address	
Your Title(s):	Kind of Business	City, State, Zip Code	
Your Duties:		Name of Supervisor	
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		From (Month & Year)	To (Month & Year)
		Check <input type="checkbox"/> Monthly Salary	Beginning: \$
		One <input type="checkbox"/> Yearly Salary	Ending: \$

Employer	Kind of Business	Street Address	
Your Title(s):	Kind of Business	City, State, Zip Code	
Your Duties:		Name of Supervisor	
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		From (Month & Year)	To (Month & Year)
		Check <input type="checkbox"/> Monthly Salary	Beginning: \$
		One <input type="checkbox"/> Yearly Salary	Ending: \$

May we communicate with your present employer?  Yes  No  
 May we communicate with your past employer?  Yes  No

**REFERENCES**

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone
Applicant Signature		Date Signed

Information furnished on this application is subject to verification. This information will be used to determine your qualifications. Misrepresentation of data could result in rejection as a candidate or subsequent dismissal if employed.