

Application for Employment Village Of Ephraim

P O Box 138, Ephraim, WI 54211

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

In consideration of employer entering this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

(PLEASE PRINT)

Position Applied For Full Time Part Time Temporary Date of Application _____

Position Title _____

How Did You Learn About Us?

Advertisement Friend Walk-In Employment Agency Relative

Other _____

Last Name _____ First Name _____ Middle Initial _____

Address Street # _____ City _____ State _____ Zip Code _____

Telephone # _____ Cell Phone # _____ E-Mail Address _____

If you are under the age of 18, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application for employment with us before? Yes No

If Yes, give date _____ Position _____

Have you ever been employed with us before, if so when? _____ Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

On what date would you be available to work? _____

Can you travel if your job requires it? Yes No

Do you have a valid Wisconsin Drivers License? Yes No

Have you ever been convicted of a felony Yes No

EDUCATION

Elementary School _____ Grade Completed _____

High School _____ Grade Completed _____

Undergraduate College/University _____ Degree Earned _____

Graduate/Professional _____ Degree Earned _____

Describe any specialized Training, apprenticeship, skills and extra-curricular activities:

Describe any honors/awards you have received that may help you in the position for which you are applying

State any additional information you feel may be helpful to us in considering your application

Please indicate any foreign languages you can speak, read and/or write

| | LANGUAGE | FLUENT | GOOD | FAIR |
|--------------|-----------------|---------------|-------------|-------------|
| SPEAK | | | | |
| READ | | | | |
| WRITE | | | | |

List any professional, trade, business or civic activities or offices held. (You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status).

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____ PHONE (_____) _____
2. _____ PHONE (_____) _____
3. _____ PHONE (_____) _____

Have you ever had any job related training in the Unites States Military? Yes No

If Yes please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | | | | |
|----------------------------|-----------------------|-----------|-----------------|--------------|-----------------------|--|
| Employer | Dates Employed | | Salary | | Work Performed | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | From | To | Starting | Final | | |
| Address | | | | | | |
| Telephone # | | | | | | |
| Job Title | | | | | | |
| Reason For Leaving: | | | | | | |
| | | | | | | |
| Employer | Dates Employed | | Salary | | Work Performed | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | From | To | Starting | Final | | |
| Address | | | | | | |
| Telephone # | | | | | | |
| Job Title | | | | | | |
| Reason For Leaving: | | | | | | |
| | | | | | | |
| Employer | Dates Employed | | Salary | | Work Performed | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | From | To | Starting | Final | | |
| Address | | | | | | |
| Telephone # | | | | | | |
| Job Title | | | | | | |
| Reason For Leaving: | | | | | | |
| | | | | | | |

***If you need additional space, please attach a separate sheet.**

APPLICANT'S STATEMENT

I certify that all 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.

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

(Signature of Applicant)

(Date)

- Please note:

This application for employment shall be considered active for a period not to exceed 45 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.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Interviewer _____ Date _____ Interviewer _____ Date _____

Remarks:

Offered Position: Yes No Employment To Begin On : _____ Position

Title _____ Hourly Rate/Salary _____ Orientation Period _____

Department _____ Hired By _____ Date _____

(Name & Title)

(Date)

Special arrangement if any

Notes

