

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For			Date of Application	
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Internet	<input type="checkbox"/> Relative		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____		

Last Name		First Name		Middle Initial	
Address			City	State	Zip Code
Telephone Number(s)			Social Security Number		

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

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

When will you be available for employment? (Check one of the following)

Now _____ Beginning _____ Upon _____ weeks notice to my present employer.

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall: Yes No

Can you travel if a job requires it? Yes No

Do you have a valid driver's license? Yes No

Do you have an auto available for work with adequate insurance coverage? Yes No

Have you been convicted of a felony within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment. Yes No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

I understand that all the information on this application is true and complete to the best of my knowledge, and that any false or missing job-related information may disqualify me for this position.

Signature _____ Date _____

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, disabilities or other protected status. Please indicate whether the jobs have been full-time or part-time. If part-time, indicate number of hours per week.

Employer		<u>Dates Employed</u>		Work Performed
		<u>From</u>	<u>To</u>	
Address				
Telephone Number(s)		<u>Monthly Salary</u>		
		<u>Start</u>	<u>Final</u>	
Job Title	Supervisor			
Reason for Leaving				

Employer		<u>Dates Employed</u>		Work Performed
		<u>From</u>	<u>To</u>	
Address				
Telephone Number(s)		<u>Monthly Salary</u>		
		<u>Start</u>	<u>Final</u>	
Job Title	Supervisor			
Reason for Leaving				

Employer		<u>Dates Employed</u>		Work Performed
		<u>From</u>	<u>To</u>	
Address				
Telephone Number(s)		<u>Monthly Salary</u>		
		<u>Start</u>	<u>Final</u>	
Job Title	Supervisor			
Reason for Leaving				

If you have had additional jobs, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p> <hr/> <hr/> <hr/> <hr/>
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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Word	Other (List): <hr/> <hr/> <hr/>
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Microsoft Excel	
<input type="checkbox"/> Microsoft Windows	<input type="checkbox"/> ArcView	

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

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References

1. _____ (Name) _____ (Phone #) _____ (Address)
2. _____ (Name) _____ (Phone #) _____ (Address)
3. _____ (Name) _____ (Phone #) _____ (Address)

Send completed application to:

Jennifer Ginter-Lyght, Human Resources
Southwestern Wisconsin Regional Planning Commission
Room 719, Pioneer Tower
1 University Plaza
Platteville, WI 53818