

107 S. Railroad St, Eagle River, WI, 54521 715-771-0141 programming@eagleriverart.com

APPLICATION FOR EMPLOYMENT

	Please email completed form to programming@eagleriverart.com	Today's	Date
N	ame		
	ame Last	First	Middle
Pı	resent address		
C	ity	State	Zip
Н	ow long	Social Security No	
Н	ome phone Cell phone		Email
	Po	OSITION	
Position desired		Compensation desired	
Н	ow many hours can you work weekly?		Can you work nights?
Eı	mployment desired Full-time only	Part-time only	Full- or part-time
W	hen available for work?		
D	o you have a driver's license?No	Yes	
D	river's license number	State of issue	
E	xpiration date		
Н	ave you had any accidents during the past three y	ears?	How many?
Н	ave you had any moving violations during the pas	st three years?	How many?

EDUCATION

School and Location	Course or Major	# of Yrs Completed	Degree(s)		
High School					
College					
Bus. or Trade					
Graduate Study	_				
Other					
Current Licenses and/or Certificates					
QUALIFICATIONS An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.					

EMPLOYMENT HISTORY

Please list your employment history for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer Name			
Address			
Phone Number			
Employment dates: From	To	Salary: Start	Final
Reason for leaving			
List the jobs you held, duties perf at this company.			
Employer Name			
Address			
Phone Number			
Employment dates: From	To	Salary: Start	Final
Reason for leaving			
List the jobs you held, duties perf at this company.			

EMPLOYMENT HISTORY (Continued)

Employer Name				_
Address				
Phone Number				_
Employment dates: From	To	Salary: Start	Final	
Reason for leaving				_
List the jobs you held, duties perfat this company.				d
				_
				_
				_
Employer Name				_
Address				
Phone Number				
Employment dates: From	To	Salary: Start	Final	
Reason for leaving				_
List the jobs you held, duties perfat this company.				:d
				_
May we contact your present emp	oloyer?	Yes No		

REFERENCES

Please list 2 - 3 references other than relatives or previous employers.

Name			
Position			
Company			
Address			
Telephone			
Name			
Position			
Company			
Address			
Telephone			
Name			
Position			
Company			
Address			
Telephone			
Have you ever been in the armed forces?	MILITARYYes	No	Branch
Specialty			Discharge Date