

276 Victorian Village Dr  
 PO Box 337  
 Elkhart Lake, WI 53020  
 victorianvillage@vicvill.com

# Application for Employment

Date:

please clearly print or type all information  
 personal information about you provided may be used for secondary purposes (Privacy Laws. 15.04 (1)(m))

Last Name:	First Name:	Middle Name:
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Application for Position(s) of:	Date Available:	EMAIL:
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Present Address (number, street, City, State, Zip code):	Home Phone:
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Mailing Address (if different from above) *use parents address if you are in college	Cell Phone:
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<b>What hours are you available to work?</b> AM <input type="checkbox"/> PM <input type="checkbox"/> <b>List days of week here that you cannot work.</b>	<b>Types of Employment Preferred (circle all that apply)</b> Permanent (Full time)                      Permanent (Part time) Temporary (Full time)                      Temporary (Part time) Date you can work till:
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please check yes or no to these questions

Do you have access to a car? (for some positions a vehicle is required)	YES	NO
Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have legal authorization to work in this country?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran?                      if yes describe...	<input type="checkbox"/>	<input type="checkbox"/>

## Education & Training

Circle the number of grade or year you completed in school: 1      2      3      4      5      6 7      8      9      10      11      12	Do you have a High School Diploma or GED? YES                      NO
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Name and Location of High School:

Circle the number of years in College or University: 1      2      3      4      5      6 7      8      9      10      11      12	<b>Training beyond High School</b> (College or University, Nursing, Business College, or other schools you have attended.)
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Name and Location	Dates Attended		Credits Earned	Major/Field	GPA/Base	Degree and Year
	From	To				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, inservice training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certifications. Be specific.

List any organizations you belong to or have belonged to 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 ten 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. Use additional pages if necessary to complete this section.**

Employer	Kind of Business	Street Address:
Your Title	Reason for Leaving	City, State, Zip Code:
<b>List Duties:</b>		Name of Supervisor
		Total time Employed                      Full                      Part
		From (month & year)                      To (month & year)
		Beginning Wage \$ _____ circle: monthly/salary
		Ending Wage \$ _____ hourly

Employer	Kind of Business	Street Address:
Your Title	Reason for Leaving	City, State, Zip Code:
<b>List Duties:</b>		Name of Supervisor
		Total time Employed                      Full                      Part
		From (month & year)                      To (month & year)
		Beginning Wage \$ _____ circle: monthly/salary
		Ending Wage \$ _____ hourly

Employer	Kind of Business	Street Address:
Your Title	Reason for Leaving	City, State, Zip Code:
<b>List Duties:</b>		Name of Supervisor
		Total time Employed                      Full                      Part
		From (month & year)                      To (month & year)
		Beginning Wage \$ _____ circle: monthly/salary
		Ending Wage \$ _____ hourly

Employer	Kind of Business	Street Address:
Your Title	Reason for Leaving	City, State, Zip Code:
<b>List Duties:</b>		Name of Supervisor
		Total time Employed                      Full                      Part
		From (month & year)                      To (month & year)
		Beginning Wage \$ _____ circle: monthly/salary
		Ending Wage \$ _____ hourly

May we communicate with your present employer?                      YES                      NO  
 May we communicate with your past employers?                      YES                      NO

**REFERENCES:**

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

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 for employment.

Signature	Date Signed:
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