



APPLICATION FOR EMPLOYMENT

(Please print & fill out application completely.)

PO Box 390, 115 La Crosse St
Wisconsin Dells, WI 53965
608/254-8088
HR fax: 608/254-5570
nichole@wisdells.com
www.wisdells.com

NOTICE: We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

GENERAL

Today's Date		Position(s) applying for	
Date available for work	Wage or salary requirements	How did you find out about this position?	
Number of hours <i>desired</i> per week		What shifts are you available to work?	

PERSONAL

Name in Full (Last, First, Middle)		
Address (Apartment, Street, P.O. Box)		
City	State	Zip
Home Phone Number	Alternate Phone Number	Email Address
Are you under 18? Yes No Are you legally authorized to work in the U.S.? Yes No		Have you ever worked here before? Yes No If yes, when? Name then (if different from above):

EDUCATION & SKILLS

Name & Address of School	Dates		Did you Graduate?	List Diploma Degree or Course of Study
	From	To		
High School			Yes No	
Business/Technical			Yes No	
College			Yes No	
Other (specify)			Yes No	

List your experience with computers and other office equipment:

List any additional experiences, skills, qualifications, licenses, certifications, etc. which relate to the job for which you are applying:

WORK HISTORY

Provide record of all employment during the past ten years. Begin with current or most recent employer. List chronologically all employment. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates	Position and Kind of Work
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
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REFERENCES

Give three references (not relatives, present or previous employer).

Name _____	Number of Years Acquainted
Address _____	Position/Title/Profession
City/State/Zip _____	
Telephone Number () _____	
Name _____	Number of Years Acquainted
Address _____	Position/Title/Profession
City/State/Zip _____	
Telephone Number () _____	
Name _____	Number of Years Acquainted
Address _____	Position/Title/Profession
City/State/Zip _____	
Telephone Number () _____	

AGREEMENT TO INVESTIGATE AND RELEASE Read Carefully and Acknowledge by Your Written Signature and Today's Date

I certify that the facts set forth in this application (or any other required documents) are correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of timing and circumstances. I authorize investigation of the statements I have made.

I release from any and all liability all representatives of the Wisconsin Dells Visitor & Convention Bureau for their acts performed in good faith and without malice in connection with evaluating my applications, credentials and qualifications. I further authorize any party having information bearing upon my qualifications for employment to release such information to the Wisconsin Dells Visitor & Convention Bureau (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to the Wisconsin Dells Visitor & Convention Bureau in good faith and without malice concerning my employment competence, ethics, character and other qualifications, including other privileged or confidential information.

I understand that if I am employed by the Wisconsin Dells Visitor & Convention Bureau, my employment can be terminated by either Wisconsin Dells Visitor & Convention Bureau or me at will, with or without cause, and with or without notice, at any time. I understand that no one at the Wisconsin Dells Visitor & Convention Bureau, other than the Executive Director, has the authority to alter, orally or in writing, this terminable-at-will status of employment.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of the first day of work. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature _____ Date _____

***** Please enclose your completed application in the attached envelope. *****

