



Application for Employment

Complete this Application either electronically or in ink. Print and attach to your Cover Letter and Resume. Submit electronically to talfordk@workforceresource.org or mail to: Workforce Resource, 401 Technology Drive E., Menomonie, WI 54751.

Personal Information

Last Name:	First Name:
Address:	
City/State/Zip:	County:
Email Address:	
Home Phone Number:	Cell Phone Number:

Education

High School Graduation or GED: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	College/University	Post Graduate	Other
School Name/Location			
Years Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Year of Graduation and Diploma/Degree			
Course of Study			
Specialized training, certification, apprenticeship, skills, etc.			
Honors or awards received			

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:
List professional, trade, business, or civic activities and offices held:
State any additional information you feel may be helpful to us in considering your application:

Employment Experience

Employer:	Dates Employed From:	To:
Address/City/State:		
Job Title:	Salary:	
Supervisor:	Phone:	
Reason for Leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Performed:		

Employer:	Dates Employed From:	To:
Address/City/State:		
Job Title:	Salary:	
Supervisor:	Phone:	
Reason for Leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Performed:		

Employer:	Dates Employed From:	To:
Address/City/State:		
Job Title:	Salary:	
Supervisor:	Phone:	
Reason for Leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Performed:		

Employer:	Dates Employed From:	To:
Address/City/State:		
Job Title:	Salary:	
Supervisor:	Phone:	
Reason for Leaving:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Performed:		

If you need additional space, please continue on a separate sheet of paper.

References

Name:	Title:
Business/Organization:	
Address:	
Phone:	Email:

Name:	Title:
Business/Organization:	
Address:	
Phone:	Email:

Name:	Title:
Business/Organization:	
Address:	
Phone:	Email:

Employment Application Understanding

I certify that: All information and materials provided in connection with this application are, to the best of my knowledge, true and accurate; All information and materials are my work unless attributed to others. Further, I understand that any false, incomplete, inaccurate or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment should I subsequently be hired by Workforce Resource, Inc.

If an authorized representative assisted me in completing this application and/or any materials in connection with this application, I have provided that representative's name and phone number in the space provided below.

Confidential assistance to those requiring assistance in completing this application may be obtained by contacting our EO Officer, Kathy Talford, at 1-877.711.9390 Ext. 1011 or use WI Relay at 711 or 800.947.3529.

I give Workforce Resource the right to investigate all references and to secure additional job related information about me. I give Workforce Resource the right to investigate my criminal record, understanding that a criminal record is not necessarily a restriction to employment, as convictions will be considered only if they are substantially related to this specific job. I hereby release from liability Workforce Resource and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Workforce Resource Inc. is an equal opportunity employer and service provider. Workforce Resource does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, State or Federal law.

Signature of Applicant:	Date:
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Name of representative assisting in completion of this application and/or materials in connection with this application:

Name:	Phone:
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8-2019



Workforce Resource Inc. is an Equal Opportunity employer and service provider functioning under an Affirmative Action Plan. If you have a disability and need assistance to access services or need information in an alternative format, including language assistance or translation, contact our EO Officer, Kathy Talford at 1-855-792-5439 or call through Wisconsin Relay Service 711 (800-947-3529).

Voluntary

Affirmative Action Information.

This voluntary confidential information will be kept separate from this application and employment data in compliance with Affirmative Action requirements. Refusal to provide this information will not subject the applicant or employee to any adverse treatment.

Gender

Female Male

Race

Black/African American or African American Indian or Alaskan Native
 Asian White
 Native Hawaiian or Other Pacific Islander

Ethnicity

Hispanic/Latino
 Not Hispanic/Latino

Disability

Are you a person with a disability: Yes No

Veteran Status

Non-Veteran
 Vietnam Era Veteran
 Other Veteran

8-21-18