This is a fill-in form. Please click on the appropriate area to enter information. Tab between fields and PRINT when completed.

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions

Print Form | Clear Form

WORK APPLICATION

JOB SERVICE WISCONSIN

Press "Tab" key to move from one field to another.

Company Name	JobNet Job Order Number	Date

Please Print Or Type All Information ***USE ADDITIONAL PAGES IF NECESSARY***

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04 (1)(m)]

Last Name	First Name	Middle Name

Application for Position(s) of	Date Available	E-Mail Address
Present Address (number, street, city, state, zip code)		Home Phone
Mailing Address (if different from above) (number, street, city, state, zip code)		Work Phone

What hours are you available to work?

☐ A.M. ☐ P.M.

What days are you available to work?

☐ Monday ☐ Tuesday ☐ Wednesday
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Types of Employment Preferred (Check more than one box if desired)

☐ Permanent (Full Time) ☐ Permanent (Part Time)
☐ Temporary (Full Time) ☐ Temporary (Part Time)

Until: _____ Until: _____

Do you have access to a car? (for some positions a vehicle is required.) ..... ☐ Yes ☐ No
Do you have a valid driver's license? ..... ☐ Yes ☐ No
Are you over age 18? ..... ☐ Yes ☐ No
Do you have legal authorization to work in this country? ..... ☐ Yes ☐ No
Are you a veteran? ..... ☐ Yes ☐ No

EDUCATION AND TRAINING

Check the box next to the highest grade or year completed in school:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Do you have a High School Diploma, HSED, or GED?

☐ Yes ☐ No

Name and Location of High School

TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.

Check the Box next to the number of years in College or University:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Name and Location	Dates Attended From	Dates Attended To	Credits Earned	Major Field	GPA/Base	Degree (and Year) Conferred

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant** to the job or jobs for which you are applying. Also include **relevant** licenses or certificates. ***Be specific***. Press tab at the end of each line.

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 10 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(s)	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed ☐ Full Time ☐ Part Time
		From (Month & Year) / To (Month & Year)
		Check One: ☐ Monthly Salary ☐ Hourly Salary Beginning: $ ______ Ending: $ ______
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed ☐ Full Time ☐ Part Time
		From (Month & Year) / To (Month & Year)
		Check One: ☐ Monthly Salary ☐ Hourly Salary Beginning: $ ______ Ending: $ ______
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
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Your Duties		Name of Supervisor
		Total Time Employed ☐ Full Time ☐ Part Time
		From (Month & Year) / To (Month & Year)
		Check One: ☐ Monthly Salary ☐ Hourly Salary Beginning: $ ______ Ending: $ ______

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
Signature		Date Signed

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 or subsequent dismissal if employed.

Print Form **Clear Form**

If using Adobe Acrobat Reader you CANNOT e-mail the completed form or save the data.