

# Application For Employment

CESA 6  
P.O. Box 2568  
Oshkosh, WI 54903-2568  
Phone: (920) 233-2372  
Fax: (920) 424-3478  
Located at 2300 State Road 44



Date:

Date Available:

*All questions must be answered carefully and completely. If you have a resume, please attach it to this application. You must still complete the application in its entirety. PLEASE TYPE OR PRINT.*

## PERSONAL DATA

Name:

*Last*

*First*

*Middle*

Have you ever worked under another name?  Yes  No If yes, give name \_\_\_\_\_

Address

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Number and Street*

Daytime Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Desired

Salary Desired:

Check type of employment desired:  Full Time  Part Time  Temporary

Geographical Preference (if any):

E – Mail Address:

Are you:  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No

Over the age of 18?  
A previous applicant?  
A previous employee?  
Legally able to work in the United States?  
A licensed driver with a car available for work?

Place a check to indicate source of referral:

Advertisement – Name of publication \_\_\_\_\_  
 Employee – Name of employee \_\_\_\_\_  
 Employment Agency – Name of employment agency \_\_\_\_\_  
 Other \_\_\_\_\_

Other than traffic violations, have you ever been convicted of a crime:  Yes  No If yes, describe the circumstances in detail, including the date and location of each conviction: \_\_\_\_\_

Are there any criminal charges pending against you?  Yes  No If yes, describe the circumstances in detail: \_\_\_\_\_

*[A conviction is not an absolute bar to employment. Only convictions that involve circumstances that are related to the circumstances of the job will be used to determine your qualifications for hire.]*

## EDUCATION AND TRAINING RECORD

*Please complete all appropriate items.*

Type of School	Name and Location of School	Dates Attended	Degree Earned	Major and Minor Fields of Study
High or Trade School			Diploma? ___ Yes ___ No	
Business or Tech. School			Degree Awarded? ___ Yes ___ No Type of Degree:	
Colleges			Degree Awarded? ___ Yes ___ No Type of Degree:	
Colleges			Degree Awarded? ___ Yes ___ No Type of Degree:	
Other Training (explain)				

## EMPLOYMENT RECORD

**WORK EXPERIENCE** (last 10 years)

*Note: Start with most recent position. Attach a separate sheet if necessary. A resume providing this information may be attached but will not be considered as a supplement.*

Present/Last Employer		Type of Business		
Address		Phone No. (____) _____ - _____		
<i>Number and Street</i>				
Start Date	Leave Date	Reason for Leaving	Job Title	
Name of Supervisor/Title		May We Contact After Interview: ___ Yes ___ No		
Description of job and duties:				
_____				
_____				
_____				
_____				
_____				
_____				
_____				

<b>Present/Last Employer</b>		<b>Type of Business</b>	
<b>Address</b>		<b>Phone No. (____) _____ - _____</b>	
<i>Number and Street</i>			
<b>Start Date</b>	<b>Leave Date</b>	<b>Reason for Leaving</b>	<b>Job Title</b>
<b>Name of Supervisor/Title</b>		<b>May We Contact After Interview: ____ Yes ____ No</b>	
<b>Description of job and duties:</b>			

<b>Present/Last Employer</b>		<b>Type of Business</b>	
<b>Address</b>		<b>Phone No. (____) _____ - _____</b>	
<i>Number and Street</i>			
<b>Start Date</b>	<b>Leave Date</b>	<b>Reason for Leaving</b>	<b>Job Title</b>
<b>Name of Supervisor/Title</b>		<b>May We Contact After Interview: ____ Yes ____ No</b>	
<b>Description of job and duties:</b>			

- **Have you ever been discharged or non-renewed by an employer within the last 10 years? \_\_\_\_ Yes \_\_\_\_ No**
- **Have you ever been asked to resign, or been threatened with discharge unless you resigned, by an employer within the last 10 years? \_\_\_\_ Yes \_\_\_\_ No**
- **If your answer to either of the above questions is yes, describe the circumstances in detail: \_\_\_\_\_**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCE LIST**

Please list any references that can be checked for prior work history.

Name	Company/School	Title	Phone Number

**PROFESSIONAL INFORMATION (if applicable)**

Professional Licensure	Effective Date	Expiration Date
Out-of-State Licenses	License No.	
Is State Licensure Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**ACADEMIC ACHIEVEMENTS AND ACTIVITIES**

*Note: Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant.*

---



---



---



---

**ADDITIONAL QUALIFICATIONS**

*What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position you have applied for?*

---



---



---



---

*Job-Related Honors, Awards, etc.:*

---



---



---



---

**APPLICANT STATEMENT (Read carefully before signing)**

I affirm that I have answered all questions to the best of my ability. If employed, I realize false information will be grounds for dismissal. I authorize any inquiries to verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I understand that a criminal record check will be a condition of employment.

*[All qualified applicants receive consideration for employment without regard to race, color, religion, gender, sexual orientation, age, national origin or ancestry, disability, or veteran status.]*

I also hereby release from liability CESA 6 and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_