



3420 Jackson Street, Suite A · Oshkosh, Wisconsin 54901 Phone: 920.232.7467 · Fax: 920.232.3515

EMPLOYMENT APPLICATION

APPLICANT INFORMATION												
Last Name				First					M.I.			
Street Address									Apartment/Unit #			
City				State					ZIP			
Phone	E-mail Address											
Date Available Social Se			ecurity No.					Des	Desired Salary			
Position Applied for												
Are you a citizen of the United States? YES			NO 🗆	☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐							NO 🗆	
Are you at least 18 years of age? YES NO												
Have you ever worked for this co	NO 🗆	If so, when?										
Have you ever been convicted of a felony? YES			NO 🗆	If yes,	If yes, explain							
EDUCATION												
High School			Address									
	Did you g	raduate?	YES	NO [Degre	e					
College		Address										
From To	Did you g	raduate?	YES	NO Degree								
Other Addr												
From To	Did you g	raduate?	YES 🗌	NO Degree								
REFERENCES												
Please list three professional references.												
Full Name					Relationship							
Company					Phon	ie (()				
Address												
Full Name						Relationship						
Company					Phon	ie (()				
Address												
Full Name						Relationship						
Company					Phon	ie (()				
Address												

PREVIOUS EMPLOYMENT										
Company		Phone ()								
Address		Supervisor								
Job Title	Starting Salary	\$		Ending Salary \$						
Responsibilities										
From To	To Reason for Leaving									
May we contact your previous supervisor for a reference? YES NO										
Company		Phone ()								
Address	Supervisor									
Job Title	ob Title				Ending Salary \$					
Responsibilities										
From To Reason for Leaving										
May we contact your previous supervisor for a reference? YES NO										
Company		Phone ()								
Address		Supervisor								
Job Title		\$		Ending Salary \$						
Responsibilities										
From To	om To Reason for Leaving									
May we contact your previous supervisor for a reference? YES NO										
MILITARY SERVICE										
Branch		From To								
Rank at Discharge										
SPECIAL SKILLS Please list any special skills that portain to the position applied for										
Please list any special skills that pertain to the position applied for.										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature Date										