Application for Employment

Leigh Yawkey Woodson Art Museum, Inc.
700 North Twelfth Street
Wausau, Wisconsin 54403-5007
715.845.7010

All statements made by an applicant for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability/handicap, or any other legally protected status.

Position applied for:_____Date of application: _____

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Daytime Telephone:_____How soon could you report to work? _____

Type of employment: _____Full Time _____Part Time _____Occasional   Rate of pay expected:_____

What days and hours if part time: _____Days _____Hours

<u>Employment History:</u>

From _____ To _____ Employer: _____

Job Title: _____ Telephone: _____

Summary of responsibilities: _____

_____

Reason for leaving: _____

Hourly Rate/Salary: $_____ per _____Start $_____ per _____Final

From _____ To _____ Employer: _____

Job Title: _____ Telephone: _____

Summary of responsibilities: _____

_____

Reason for leaving: _____

Hourly Rate/Salary: $_____ per _____Start $_____ per _____Final

From _____ To _____ Employer: _____

Job Title: _____ Telephone: _____

Summary of responsibilities: _____

_____

Reason for leaving: _____

Hourly Rate/Salary: $_____ per _____Start $_____ per _____Final

Skills and Qualifications: Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions for the position you are applying.

_____

_____

_____

_____

Education Background:

	Name and Location	Years Completed	Did You Graduate	Course of Study
High School:	_____
College:	_____
Other:	_____

References:

	Name	Telephone	Years Known
1.	_____
2.	_____
3.	_____

Job Application Agreement and Certification

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the rights to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or Federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

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

Signature of Applicant: _____

Date: _____