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:								
Address:								
Daytime Telephone:		How soon could you report to work?						
Type of employment:Fu	ıll Time	Part Time	Occasio	nal	Rat	e of pay expected:_		
What days and hours if part t	ime:			_Days	5			Hours
Employment History:								
From	То		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	_Final	
From	То		Employer:					
Job Title:					Telephone: _			
Summary of responsibilities:								
Reason for leaving:								
Hourly Rate/Salary: \$						per	_Final	

Skills and Qua	lifications: Summarize any tra	aining, skills, licenses, and,	or certificates that may qua	ify you as being able to perform job	-related
functions for t	he position you are applying.				
					_
					_
					_
					=
Education Bac	kground:				
<u> </u>	ngrounu.				
	Name and Location	Years Completed	Did You Graduate	Course of Study	
High School: _					_
					_
College: _					_
Other: _					_
References:					
	Name		Telephone	Years Known	
1					
1					_
2					
3.					
·					
Job Applicatio	n Agreement and Certification	o <u>n</u>			
Lundorstand t	hat if I am amplayed any mia	roprocentation or materia	Lamissian mada huma an th	is application will be sufficient caus	o for
	the application or immediat		-	is application will be sufficient caus discovered	se ior
	• •		•		
-	-			ducational institutions and to other	-
				yer and its representatives for seeki n information.	ing, gathering
and using such	i illioi illation and all other pe	rsons, corporations or org	anizacions for furnishing such	i illorriation.	
	·			is used for the purpose of limiting	or excusing
any applicant i	rom consideration for emplo	yment on a basis prohibite	ed by local, state or Federal l	aw.	
This applicatio	n is current for 60 days. At th	e conclusion of this time, i	f I have not heard from the e	employer and still wish to be conside	ered for
employment, i	t 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	orior notice, and the employer rese	rves the same
				cept as may be required by law. Thi	
-				duration. I understand that no repr	
the employer,	other than authorized office	, has the authority to mak	e any assurances to the cont	rary. I further understand that any s	such
assurances mu	ist be in writing and signed by	an authorized officer.			
I understand it	is this company's policy not	to refuse to hire a qualifie	d individual with a disability	pecause of that person's need for a	reasonable
	on as required by the ADA.	·	•	·	
Lalso undorsta	nd that if I am hired, I will be	required to provide proof	of identity and legal work a	ıthorization	
i aiso understa	ma mach i am mieu, i wiil be	required to provide proof	or ruentity and legal work at	itiioi Izatioii.	
I represent and	d warrant that I have read an	d fully understand the fore	egoing and seek employment	under these conditions.	
.	P				
Signature of A	pplicant:				
Date:					