



WORK APPLICATION

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

Company Name Senior Citizens Employment & Training, Inc.	JobNet Job Order Number	Date
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Please Complete All Information

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

Last Name	First Name	Middle Name
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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? <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Types of Employment Preferred (Check more than one box if desired)
What days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Permanent (Full Time) <input type="checkbox"/> Permanent (Part Time) <input type="checkbox"/> Temporary (Full Time) <input type="checkbox"/> Temporary (Part Time) Until (date): _____ Until (date): _____

- 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: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Do you have a High School Diploma, HSED, or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name and Address 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: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Name and Address	Dates Attended		Credits Earned	Major Field	GPA/Base	Degree (and Year) Conferred
	From	To				

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.

Employer	Kind of Business	Street Address	
Your Title(s)	Reason for Leaving	City, State, Zip Code	
Your Duties		Name of Supervisor	
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		From (Month & Year)	To (Month & Year)
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary 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 <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
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Employer	Kind of Business	Street Address	
Your Title(s)	Reason for Leaving	City, State, Zip Code	
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		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		From (Month & Year)	To (Month & Year)
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary 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
Applicant 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.