



UNIVERSITY of WISCONSIN-GREEN BAY

Employment Application

Please complete each section of this application. Incomplete applications may be returned and possibly disqualify you from further consideration.

PERSONAL INFORMATION

Position you are applying for: _____ Today's Date _____

Name Last _____ First _____ Middle _____ Daytime Phone _____

Evening Phone _____

Address Street _____ City _____ State _____ Zip _____ E-mail Address _____

Have you ever worked for the State of Wisconsin? Yes No Date Available for Work _____

If so, where: _____ When: _____

Have you ever worked at UW-Green Bay? Yes No If so, were you: Permanent LTE Student

If so, when: _____ Which Department: _____

Were you ever fired or asked to resign from a job? Yes No

Have you been convicted of an offense other than non-moving traffic violations, or do you have a pending charge?
(Convictions are not necessarily a bar from employment) Yes No

May we conduct a personal background check including contact of your references and review other records as may
be required for some positions? Yes No

If not, why? _____

EDUCATION & TRAINING

School	Name and Location	Course of Study	# of Years Completed	Graduate?		Degree Received
				Yes	No	
High School/GED				<input type="checkbox"/>	<input type="checkbox"/>	
Vocational/Technical				<input type="checkbox"/>	<input type="checkbox"/>	
College and/or Graduate				<input type="checkbox"/>	<input type="checkbox"/>	

SKILLS & QUALIFICATIONS

Do you possess a valid driver's license or are you able to obtain one? (answer only if the position requires driving) Yes No

Office Skills: Typing (WPM)	List equipment, machinery, or motorized vehicles you can operate:
List Personal Computer Skills/Applications:	

Describe any other Education, Training or Skills:

WORK EXPERIENCE
Begin with your present or most recent employer.

Employer:	Address:	Dates of Employment From:	Full-time Part-time Temporary	Starting Wage \$
		To:		Ending Wage \$
Your Title:	Duties:		Phone Number:	
Supervisor Name & Title:			Reason for Leaving:	
Employer:	Address:	Dates of Employment From:	Full-time Part-time Temporary	Starting Wage \$
		To:		Ending Wage \$
Your Title:	Duties:		Phone Number:	
Supervisor Name & Title:			Reason for Leaving:	
Employer:	Address:	Dates of Employment From:	Full-time Part-time Temporary	Starting Wage \$
		To:		Ending Wage \$
Your Title:	Duties:		Phone Number:	
Supervisor Name & Title:			Reason for Leaving:	
Employer:	Address:	Dates of Employment From:	Full-time Part-time Temporary	Starting Wage \$
		To:		Ending Wage \$
Your Title:	Duties:		Phone Number:	
Supervisor Name & Title:			Reason for Leaving:	

PROFESSIONAL REFERENCES

Name:	Employer & Address:	Position Title:	Phone:

It is the policy of the University to provide reasonable accommodation for qualified individuals who are employees or applicants for employment. If you need assistance or accommodation for the application process because of a disability, please contact the Human Resources Office. Employment opportunities will not be denied to anyone because of the need to make reasonable accommodation for an individual's disability.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION AND IN ANY SUPPORTING DOCUMENTATION IS TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT IF I HAVE GIVEN FALSE INFORMATION ON THIS APPLICATION OR IF I HAVE OMITTED ANY MATERIAL FACTS I MAY BE DISQUALIFIED FROM EMPLOYMENT CONSIDERATION WITH THE UNIVERSITY, OR IF HIRED, I MAY BE DISCHARGED IMMEDIATELY UPON DISCOVERY OF SUCH FALSE STATEMENTS OR OMISSIONS.