Kenosha Kingfish Employment Application 7817 Sheridan Rd. Kenosha, WI 53143

Phone: 262-653-0900

Last Name, First, M.I.					Are you over 18 years old?		
Present Address:		Apt. #:	City:		State	Zip Code	
Position Applied I	For:	Salary Desired:					
Have you ever applied with us before? If yes, when and for what position?					Phone Number:		
Have you ever been what position did	en employed by this o	Email Address:					
		How did you hear about the position?					
Have you ever been what and when:	en convicted of a felo	Are you a legal U.S citizen?					
Education	School Completed: Completed:						
	_		12	1	2	3 4	
High School:	9 10	11 Address:	12	1	2 Major Studies:	3 4 Degree Received:	
High School: College/University	9 10	11	12				
	y:	11 Address:	12		Major Studies:	Degree Received:	
College/University Vocational, Busin	y:	Address: Address:			Major Studies: Major Studies:	Degree Received: Degree Received:	
College/University Vocational, Busin	y: ess, Other:	Address: Address:			Major Studies: Major Studies:	Degree Received: Degree Received:	
College/University Vocational, Busin List any other spec	y: ess, Other: cial qualifications, kr	Address: Address: nowledge of	or skills:		Major Studies: Major Studies:	Degree Received: Degree Received:	
College/University Vocational, Busin List any other spec	y: ess, Other:	Address: Address: nowledge of	or skills:		Major Studies: Major Studies:	Degree Received: Degree Received:	

Employment History:

Please list places of employment starting with the most recent. Sections must be filled out completely and accurately or applicant will not be considered for employment.

Name of Employer		Address of Employer:			Telephone:				
Job Title:		Des	Description of Job:			Name of Supervisor:			
Start Date:	End Date:	Starting Salary: Ending Salary: Reason			Reason	o for Leaving:			
Name of Employer			Address of Employer:			Telephone:			
Job Title:		Des	Description of Job:			Name of Supervisor:			
Start Date:	End Date:	Star	ting Salary:	Ending Salary Reason for Leaving:					
Name of Employer:			Address of Employer:				Telephone:		
Job Title:		Des	Description of Job:			Name of Supervisor:			
Start Date:	End Date:	Staı	ting Salary:	ry: Ending Salary: Reason			for Leaving:		
References: Pl	ease list three	non-	related refere	nces.					
Name:		Company:		Title:		Length of Telephone: Relationship:			
1.									
2.									
3.									
Certificate of A	pplicant: The	facts	set forth above in	n my applica	tion are to	rue and cor	nplete. I und	derstand	that if employed, false

statements on this application shall be considered cause for dismissal and I shall forfeit my position.

Statement of Applicant: I authorize my former employers to furnish their records of my service. This includes all information they have concerning me. Whether on record or not. I also release my former employers from any liability for any damage in providing this information.

Signature of Applicant

The Kenosha Kingfish are an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, martial status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Date