

Madison Mallards Employment Application

2920 N. Sherman Avenue, Madison, WI 53704

Phone: 608-246-4277 Fax: 608-246-4163

Last Name, First, M.I.			Are you over 18 years old?	
Present Address:	Apt. #:	City:	State	Zip Code
Position Applied For:			Salary Desired:	
Have you ever applied with us before? If yes, when and for what position?			Phone Number:	
			Email Address:	
Have you ever been employed by this company? If yes, when and what position did you hold?			How did you hear about the position?	
			Are you a legal U.S citizen?	
Have you ever been convicted of a felony? If yes, please explain for what and when:				

Education	Circle Highest Level Completed of High School Completed:	Circle Highest Level of College, Trade or Business Completed:
	9 10 11 12	1 2 3 4

High School:	Address:	Major Studies:	Degree Received:
College/University:	Address:	Major Studies:	Degree Received:
Vocational, Business, Other:	Address:	Major Studies:	Degree Received:

List any other special qualifications, knowledge or skills:

Technical Skills: (Computer programs, cash register, tools/equipment)

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:		Description of Job:			Name of Supervisor:	
Start Date:	End Date:	Starting Salary:	Ending Salary:	Reason for Leaving:		

Name of Employer		Address of Employer:		Telephone:		
Job Title:		Description of Job:			Name of Supervisor:	
Start Date:	End Date:	Starting Salary:	Ending Salary:	Reason for Leaving:		

Name of Employer:		Address of Employer:		Telephone:		
Job Title:		Description of Job:			Name of Supervisor:	
Start Date:	End Date:	Starting Salary:	Ending Salary:	Reason for Leaving:		

References: Please list three non-related references.						
Name:		Company:		Title:	Length of Relationship:	Telephone:
1.						
2.						
3.						

Certificate of Applicant: The facts set forth above in my application are true and complete. I understand 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 _____ **Date** _____

The Madison Mallards is 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.

