



FOR OFFICE USE ONLY	
DATE RECEIVED	
BY	
INTERVIEW? Y/N	
INTERVIEW DATE	
HIRED? Y/N	
DATE HIRED	

Please print in ink or type all information and return to:
 Attn: Cooper Living & Learning Center Manager
 University Centers Office, Pioneer Student Center
 1 University Plaza
 Platteville, WI 53818

Employment Application

APPLICATION FOR POSITION OF:				
HOW DID YOU HEAR ABOUT THIS POSITION?				
LAST NAME:		FIRST NAME:		MIDDLE NAME:
SCHOOL ADDRESS (NUMBER, STREET):	CITY:	STATE:	ZIP CODE:	HOME PHONE:
MAILING ADDRESS – IF DIFFERENT THAN ABOVE:	CITY:	STATE:	ZIP CODE:	HOME PHONE:
E-MAIL ADDRESS:			CELL PHONE:	
Are you a U.S. citizen or a legal resident authorized to work in the U.S.?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have an entry permit which allows you to work?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated or discharged from employment or resigned to avoid being discharged? If yes, please explain on a separate sheet of paper. Indicate employer and date.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a reliable vehicle?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Since your 17 th birthday, have you ever been convicted of a felony, misdemeanor, or been convicted by military court-martial or any of the ordinance violations listed here: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, Procuring Alcohol for an Underage Person, Criminal Traffic Offenses or Obstructing a Peace Officer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
As a juvenile, have you ever been waived into adult court and convicted of any felony or misdemeanor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now subject to a pending charge?				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment will require a criminal background check*

AVAILABILITY Please write in the times you ARE available to work between the hours of 7AM through 10PM. Please attach a copy of your class schedule. *On a separate sheet of paper please provide written documentation of any weekends or other times and dates you are **NOT** available to work.*

Monday	Tuesday	Wednesday	Thursday	Friday

Are you interested in summer employment? Yes No

EDUCATION & TRAINING

HIGHEST YEAR COMPLETED (Circle)		NAME & LOCATION OF HIGH SCHOOL			
1 2 3 4 5 6 7 8 9 10 11 12					
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				NUMBER OF YEARS IN COLLEGE OR UNIVERSITY (Circle): 1 2 3 4 5 6 7 8	
NAME & LOCATION OF INSTITUTION	DATES ATTENDED	CREDITS EARNED	MAJOR	GPA	GRADUATION DATE
Describe any education or training not covered above (vocational school, correspondence courses, services schools, in-service training), which you feel is relevant.					

WORK EXPERIENCE Start with your most recent job.

Volunteer Work experience to be considered must include names of individuals to verify the type of work.

EMPLOYER	TYPE OF BUSINESS	MAJOR DUTIES:
TITLE	REASON FOR LEAVING	
ADDRESS	PHONE	
SUPERVISOR NAME	FULL-TIME OR PART-TIME?	
LENGTH OF EMPLOYMENT FROM (M/Y): TO (M/Y):	SALARY (Circle): \$ Hourly Monthly Annually	

EMPLOYER	TYPE OF BUSINESS	MAJOR DUTIES:
TITLE	REASON FOR LEAVING	
ADDRESS	PHONE	
SUPERVISOR NAME	FULL-TIME OR PART-TIME?	
LENGTH OF EMPLOYMENT FROM (M/Y): TO (M/Y):	SALARY (Circle): \$ Hourly Monthly Annually	

EMPLOYER	TYPE OF BUSINESS	MAJOR DUTIES:
TITLE	REASON FOR LEAVING	
ADDRESS	PHONE	
SUPERVISOR NAME	FULL-TIME OR PART-TIME?	
LENGTH OF EMPLOYMENT FROM (M/Y): TO (M/Y):	SALARY (Circle): \$ Hourly Monthly Annually	

REFERENCES Family members and friends are **NOT** acceptable as a reference.

NAME	PHONE NUMBER	COMPANY & RELATION TO YOU	YEARS KNOWN

PURPOSE Briefly explain why you want to work at the Cooper Living & Learning Center.

TO BE READ AND SIGNED BY ALL APPLICANTS

By signing below:

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsified statements or omissions of information on this application shall be grounds for refusal to hire me or for immediate dismissal if I become employed. I understand that if I accept employment, I will be an at-will employee. Accordingly, my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either my supervisor or me.

Applicant's Signature_____
Date