## APPLICATION FOR EMPLOYMENT

This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION								and the second	. •
Name (Last)	3112.551	(First)			(Middle Initia		al) Home Telephone		
Address (Mailing Address)	6.59 MIN MAIN SE SEVIE	(City)	2.00,20		(Stat	e) (Zip)		(	ther Telephone ) -
E-Mail Address			Are	you legally	entitled	ed to work in the U.S.?  Yes  No			∕es
POSITION									
Position Or Type Of Employment Desire				<b></b>  F	Will Accept: S Part-Time			nift: ] Day ] Swing	
Are you able to perform the essential twithout reasonable accommodation?	you are applying for, with or			or	Temporary			Graveyard Rotating	
Salary Desired	ary Desired Date Availal						le		
<b>EDUCATION AND TRAINING</b>									
High School Graduate Or General Edu If no, list the highest grade completed	ucation (GED) Tes	t Passed?		Yes 🗌 No	0		w. 1117 - 1141 / Jan		
College, Business School, Mi	litary (Most red								_
Name and Location	Dates Attended Month/Year	Quarterl Semes Hours	y or ter	Earned Othe (Specif	25	Graduate Degree & Year			Major or Subject
	From	riours	3			Yes			
	То					] No			
	From					Yes			
	То				Į L	_ No			
	From To	4				] Yes   No			_
	From	-				∃ Yes		- Je 19-10-9-70-	
	То	is .				☐ No		51.40	
Occupational License, Certificate or Reg	jistration	Number	!	W	here Issu	e Issued E		Expiration Date	
Occupational License, Certificate or Reg	gistration	Number		W	/here Issu	re Issued !		Expiration Date	
Occupational License, Certificate or Reg	Occupational License, Certificate or Registration		Number \		Where Issued			50 507750	Expiration Date
Languages Read, Written or Spoken Flu	ently Other Than Er	nglish			11/10/05	,			
VETERAN INFORMATION (Mo	ost recent)								
Branch of Service					Date of Entry Date			Date of	Discharge
SPECIAL SKILLS (List all pertin	ent skills and equ	ıipment t	hat y	ou can op	erate)				W. 400 - 1200 Marine A. 400 - 400 Marine A. 400 - 400 Marine A. 400 - 400 Marine A. 400 Marine A. 400 Marine A.
(Maximum 300 characters)									

VILLAGE OF FONTANA ON GENEVA LAKE P.O. Box 200 Fontana, WI 53125-0200



WORK EXPERIENCE (Most Recent First) (Include vol	luntary work and military e	xperience)	-		
Employer Address	Telephone Number (	From (Month/Year)			
Job Title	Number Employees Sup	onvised	To (Month/Year)		
Specific Duties (Maximum 350 characters)	Number Employees out	Jet viseu	- To (month, real)		
			Hours Per Week		
			Hours Per Week		
			According to the second		
			Last Salary		
			Supervisor		
Reason For Leaving		May We Contact This I	Employer? Yes No		
Employer	Telephone Number (	) -	From (Month/Year)		
Address	relephone Mulliper (		1 1011 (1101111111111)		
Job Title	Number Empleyees Com		To (Month/Year)		
Specific Duties (Maximum 350 characters)					
Specific Duties (Maximum 330 Characters)					
			Hours Per Week		
			Last Salary		
			Supervisor		
Pengan Farl anying	* * * * * * * * * * * * * * * * * * *	May We Contact This E	Employer? Yes No		
Reason For Leaving	<del>,</del>	1, -			
Employer	Telephone Number (		From (Month/Year)		
Address	-	Mr ares			
Job Title	Number Employees Sup	ervised	To (Month/Year)		
Specific Duties (Maximum 350 characters)					
			Hours Per Week		
			Last Salary		
			Supervisor		
			Supervisor		
AND		T			
Reason For Leaving	4	May We Contact This E			
Employer	Telephone Number (	) -	From (Month/Year)		
Address					
Job Title	Number Employees Sup	ervised	To (Month/Year)		
Specific Duties (Maximum 350 characters)					
			Hours Per Week		
			Last Salary		
			Last Salary		
			Supervisor		
		γ - Δ			
Reason For Leaving		May We Contact This E	mployer? 🔲 Yes 🔲 No		
I certify the information contained in this application is t statements reported on this application may be conside			if employed, false		
Signature of Applicant		200	Date		
Interviewer's Comments:					
interviewer a dominienta.					
		and the same of th			

WorkSource Washington and Washington State Employment Security are equal opportunity employers and providers of employment and training services.

Auxiliary aids and services are available to persons with disabilities upon request.

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