



# Employment Application for General Office Work

N8905 US Hwy 53 Holmen, WI 54635 | (608) 526-4956

## General Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Are you 16 years of age or older?  Yes  No  
(proof of age may be required)  
 Are you legally able to be employed in this country?  Yes  No  
(if hired, verification will be required by law)

## Availability

Whispering Pines Campground is a seasonal business and only offers part-time, seasonal employment. All positions will require night and weekend availability. Are you able to meet the availability requirements of this position?  Yes  No  
 Maximum hours available per week: \_\_\_\_\_ Date available to start: \_\_\_\_ / \_\_\_\_

## Weekly Availability:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

## Work History

Please list your most recent employers below, beginning with the most recent.

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date Started (mm/yy): \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date Started (mm/yy): \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

## References

(please do not use family members)

| Name  | Relationship | Phone Number | Years Known |
|-------|--------------|--------------|-------------|
| _____ | _____        | _____        | _____       |
| _____ | _____        | _____        | _____       |

## Please read the following section carefully before signing.

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give the employer any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I understand that as a part of the procedure for my employment application an investigative consumer report may be made by the employer concerning my character, general reputation, personal characteristics and mode of living. Whispering Pines Campground is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veteran's status. It is the responsibility of Whispering Pines Campground to comply fully with these laws, as applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_