KICKAPOO VALLEY RESERVE

Application for Limited Term Employee

Must be 18 years old to apply.

S3661 State Highway 131 La Farge, WI 54639 PH: 608/625-2960

| Must be 18 years old to apply. Please print clearly. | | | All applicants must submit this form; resume can be attached. | | |
|---|--|---|--|---------------------------|--|
| | | | | | |
| Last Name | First Name | M.I. | Email Address | | |
| Mailing Address | | | Phone (daytime) | | |
| City Are you currently leg United States? | State gally authorized to wor | Zip k in the | Do you possess a Regular Wisconsin driver's license? Yes - RegularNo - Probationary Do not possess a Wisconsin driver's license | | |
| YesNo | | I am interersted in the following position(s): | | | |
| Are you a Wisconsin Resident?YesNo | | | Grounds Crew Lead LTELaborer/Helper LTE | | |
| 40 hours/week Weekends Yes When will you be av EDUCATION ANI Name and Location Graduated Yes | No vailable to start employ D TRAINING of High School or equi No Month and Ye | urs/week _ ment? valent: ear Diploma C | Summer Only | | |
| Name & Location | | Dates | Major Field | Degree Completed & Yr. | |
| - | training you have haing (i.e., chainsaws, m | - | | clude any field equipment | |
| | | | | | |

Attach additional sheets with the application if space is needed for narrative descriptions.

EXPERIENCE

This information may be used to determine if your application is accepted. Start with your present or most recent job. Include service in Armed Forces and any self-employment. If you have volunteer experience relevant to the position for which you are applying, please identify the organization and describe your responsibilities.

| Name of Business or Organization | | Location | | | |
|--|---|---------------------------------|--|--|--|
| Your position or duties | Reason for leaving | Dates employed (month and year) | | | |
| Name of Business or Organization | | Location | | | |
| Your position or duties | Reason for leaving | Dates employed (month and year) | | | |
| Name of Business or Organization: | | Location | | | |
| Your position or duties | Reason for leaving Dates employed (month and ye | | | | |
| Please tell us your primary source of information in learning about this employment opportunity. NewspaperWebsiteBulletin boardOther - explain | | | | | |
| Please provide three professional and/or personal references: name, relationship and contact information. | | | | | |
| | elationship (i.e. Supervisor/Teacher/Friend) | | | | |
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| By signing below, I certify the information I have provided in this application is true to the best of my knowledge and I understand that I may be required to verify the information before being appointed. I understand that any false, misleading, or missing information may disqualify me from employment consideration. Signature: | | | | | |