

**APPLICATION FOR EMPLOYMENT  
LA CROSSE COUNTY HISTORICAL SOCIETY**

P.O. Box 1272 – LA CROSSE, WI 54602  
AN EQUAL OPPORTUNITY EMPLOYER

NAME			
	Last	First	M.I.
Position Applying for:			
Date:			

Instructions: – The application ***must be filled out completely*** even if a *résumé* is attached. Failure to fill out the application completely may result in disqualification. – You may submit a *résumé* if you wish; however, do not include personal information relating to date of birth, gender, marital status, etc. – Return application to address above. – If you need accommodations for a disability during any state of the selection and interview process, contact the LCHS Office at (608) 782-1980.

<b>Present Address:</b>				<b>Length of time resided:</b>
<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	
<b>Last Previous Address:</b>				<b>Length of time resided:</b>
<b>Home Phone Number:</b> ( ) -	<b>E-Mail Address (if any):</b>			
<b>Number to reach you (or leave message) from 8:30am-5:00pm <i>other than home phone</i>:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:				( ) -
<b>Are you available to work:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary				<b>Salary Expected:</b>
<b>Have you been employed by LCHS before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If so, when, where and what name (if different than above)?</b>				
<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>What date are you available for work?</b>		<b>Are you over the age of 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If required for the job, do you have access to a vehicle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you have a reliable method of transportation to get to work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you have a valid Driver's License?</b> <input type="checkbox"/> Yes State: <input type="checkbox"/> No		<b>Commercial Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>List any relatives working for LCHS or on the LCHS Board of Directors. Give name, relationship and department:</b>				
<b>Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date of Duty? From / to /</b>		<b>Are you a member of any Reserve?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Branch of Service?</b>		<b>Which Reserve Unit?</b>		
<b>List computer software programs you can operate efficiently.</b>				
<b>Complete this section <u>only</u> for office-type positions: List office machines you have operated and your typing speed:</b>				
<b>Complete this section <u>only</u> for outdoor, maintenance or utility work: List type of tools and equipment you have used, i.e., plumbing, electrical, carpentry:</b>				

EDUCATION	Name and School Location	Dates Attended		Graduated		Type of Degree	Course of Study	Grade Ave.
		From	To	Yes	No			
High School				<input type="checkbox"/>	<input type="checkbox"/>			
College/University		/	/	<input type="checkbox"/>	<input type="checkbox"/>			
Military School		/	/	<input type="checkbox"/>	<input type="checkbox"/>			
Other		/	/	<input type="checkbox"/>	<input type="checkbox"/>			
Certifications (Include Dates)								

Complete the second page of application

**EMPLOYMENT HISTORY & EXPERIENCE:** List all full and part-time jobs for the past 10 years. List your present job first. Use additional paper, if necessary. Also list experience beyond ten years, if reasonably related. All blanks must be completed even if you attach a résumé--Do not write 'see résumé' in the blanks. Include Military Service, if any. Information must be complete for us to determine your qualifications.

From Mo/Yr	To Mo/Yr	Employer's Name, Address and Phone Number	Title and Duties of Position	Supervisor's Name	Hrs Per Wk	Salary	Reason for Leaving
/	/						
/	/						
/	/						
/	/						
/	/						
/	/						
/	/						

**REFERENCES:** List those people who have knowledge of your qualifications. (Do not list relatives or supervisors which are listed above!)

Name	Address	Telephone Number	Occupation	Relationship (friend, co-worker, supervisor, etc)

**A**-This application is true and complete. **B**-Falsification of application materials may result in applicant disqualification or termination if employed. **C**-I agree to submit to a physical examination including drug testing, if required, at the expense of LCHS. **D**-I understand a criminal record check may be required. **E**-For one year from date, I authorize LCHS to do a background and reference check and obtain information and records about me from: (1) any previous employer, (2) my present employer, (3) any educational institution, (4) any licensing authority, (5) any other reference. I hereby release any individual, institution or business, including its officers or employees from any and all liability for damages arising from a good faith attempt to comply with this authorization and release. List, by number, exceptions to this blanket authorization . **F**-A copy of this release is as good as the original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature (Required)