



Date of Application: _____

APPLICATION FOR EMPLOYMENT

Position(s) applying for: _____

Please complete application in full and answer all questions completely. Type or print legibly. Indicate N/A if not applicable. Do not indicate "See Resume." A resume may be attached to provide additional information.

Personal Information

Name _____
Last First Middle

Address _____
Street/P.O. Box City State Zip

Social Security Number: _____

Telephone #: Home (____) _____ Work (____) _____ Ext. _____

E-Mail or FAX, if available: _____

Have you previously been employed by Chosen Valley Testing? Yes No
If yes, when? _____ What position? _____

Are you related to anyone now employed by Chosen Valley Testing? Yes No
If yes, provide name and relationship: _____

Are you legally authorized to work in the United States? Yes No

**As required by federal law, Chosen Valley Testing will employ only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification" [Form I-9] and produce requested documentation after employment.*

Have you ever been convicted of, or pleaded guilty or "no contest" to, or received a deferred judgment or suspended sentence relating to a criminal offense, excluding traffic offenses? Yes No
If you answered yes, please briefly explain: (A "yes" response will not automatically disqualify you from employment.)

Military or other war service in the Armed Forces of the United States
Please give inclusive dated, branch of service, and final rank.

Active: _____

Reserve: _____

Employment History

**This section must be completed; do not refer to resume.*

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND THE JOB REPOSIBILITIES
ADDRESS		CITY, STATE, ZIP		
JOB TITLE	NUMBER OF HOURS PER WEEK	STARTING SALARY		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		FINAL SALARY		
MAY WE CONTACT FOR REFERANCE YES NO LATER		\$	PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND THE JOB REPOSIBILITIES
ADDRESS		CITY, STATE, ZIP		
JOB TITLE	NUMBER OF HOURS PER WEEK	STARTING SALARY		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
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JOB TITLE	NUMBER OF HOURS PER WEEK	STARTING SALARY		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		FINAL SALARY		
MAY WE CONTACT FOR REFERANCE YES NO LATER		\$	PER	

Please explain any breaks or periods of unemployment in your employment history:

From _____ To _____ Reason _____
 From _____ To _____ Reason _____
 From _____ To _____ Reason _____

Educational Background

HIGH SCHOOL DIPLOMA/GED: Yes No IF NO, INDICATE HIGHEST GRADE COMPETED _____			
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED (LIST MOST RECENT FIRST)	DATES ATTENDED	LIST DEGREE OR DIPLOMA AWARDED & DATE RECEIVED	MAJOR/MINOR

Skills and Qualifications

List all valid professional licenses, occupational certificates, registrations, etc. you hold. Include the licensure, certification/registration number, state of issuance, and date of expiration. If your licensure/certification/registration has ever been suspended or revoked, please explain briefly.

Include other employment skills, special training, or related courses that you would like considered as part of your application.

Briefly explain why you want to work for Chosen Valley Testing and what you will bring to the position. (Attach an additional sheet if needed.)

References:

Professional references (do not include immediate supervisors listed in employment section):

Name	Organization			Address
Title	Phone	City	State	Zip
Name	Organization			Address
Title	Phone	City	State	Zip
Name	Organization			Address
Title	Phone	City	State	Zip

Employment Application Provisions

Chosen Valley Testing is committed to the policy that all persons shall have access to its programs, facilities, and employment without discrimination based upon race religion, color, creed, gender, national origin, marital status, age physical or mental disability as required by Title VII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments and Section 504 of the Federal Rehabilitation Act of 1973.

This application is only for the specific position and will be kept in an inactive file for one (1) year. The applicant must contact the Human Resources Office to reactivate the filed application for another position opening.

I hereby consent to CVT verifying all the information I have provided on this application form. I also agree to sign, as a condition of employment or continued employment, any additional written authorizations necessary for CVT to obtain access to and copies of records pertaining to this information, including, a waiver authorizing a check of my criminal history if necessary for position which applying. I hereby release and discharge CVT and any other person, firm, agency, or corporation from any and all claims which I may ever have or claim to have relating to information provided to CVT as part of my application for employment.

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which CVT discovers the violation of its policy regarding application form dishonesty.

I understand that, if an employment relationship is established and a written contract is entered into between CVT and I, CVT can terminate my employment pursuant to the terms of the contract and Wisconsin law. If an employment relationship is established and no written contract is entered into between CVT and me, I will be considered an employee at will and my employment relationship can be terminated by either CVT or me any time.

Date _____ **Signature of Applicant** _____