

Name: _____ Position: _____
Last First MI

EMPLOYMENT APPLICATION

***Please return signed copy to WCD
through mail or Fax (414) 908-6010***

FOR OFFICE USE		
DATE RECEIVED:	_____	
CONTACTED:	<i>date</i> _____	<i>time</i> _____
	<i>date</i> _____	<i>time</i> _____
INTERVIEW SCHEDULE:	_____	_____
	<i>date</i> _____	<i>time</i> _____
<i>contact person</i>	<i>date</i> _____	<i>time</i> _____
Notes:	_____	

Wisconsin Center District
Owners and Operators of the Midwest Airlines Center, U.S. Cellular Arena and Milwaukee Theatre
400 West Wisconsin Avenue
Milwaukee, Wisconsin 53203
414.908.6000

WELCOME!! We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. It is the policy of the Wisconsin Center District ("WCD") to extend its employment opportunities to qualified persons on a nondiscriminatory basis. Qualified applicants receive equal consideration and no question asked is for the purpose of excluding an applicant due to age, race, religion, creed, color, disability, marital status, sex, sexual preference, national origin, ancestry, arrest, or conviction record as prohibited by law or regulation. WCD is an EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT APPLICATION

- INSTRUCTIONS: a. Please print in INK or TYPE all information clearly.
b. Answer all questions. Mark those questions that do not apply as "N/A."
c. Carefully read the agreement at the end of the application, and sign and date the application where noted.

PERSONAL INFORMATION

Name: _____
Last First MI

Address: _____
Street City State Zip

Social Security No.: _____-_____-_____

Phone Number: _____ Alternate Number: _____

Referred to WCD by: Friend _____ Ad _____ Relative _____ Other _____

Citizen of U.S.: _____ Yes _____ No If no, type of visa: _____

Expiration Date: _____

(Note: If you are hired, you will be required to submit verification of your legal right to work in the United States.)

POSITION(S) APPLYING FOR

Position Title: 1. _____ 2. _____
3. _____ 4. _____

Full-Time _____ Part-Time _____ Temporary _____ Hourly _____

Date Available to Start: _____

Do you have any limitations which could preclude you or hinder you in doing this job(s)? _____ Yes _____ No

If yes, explain: _____

Have you ever been employed by WCD or MECCA? _____ Yes _____ No

If yes, when? _____ Name while employed: _____

Have you ever worked at WCD through an outside agency? _____ Yes _____ No

If yes, when? _____ Agency: _____

WCD does not permit immediate family members to work for WCD. In order to remain in compliance with our corporate policy, please answer the following: Are you related to anyone currently employed by WCD? _____ Yes _____ No If yes, complete the following:

Name: _____ Relationship: _____
Last First MI

Do you have any pending criminal charges other than minor traffic violations? _____ Yes _____ No

If yes, complete the following:

Alleged Offense: _____
 City and State: _____ Date: _____

Note: Pending criminal charges are not an automatic ban to employment. Each case is considered on its own merit.

Have you ever been convicted of any misdemeanor or felony? _____ Yes _____ No

If yes, complete the following:

Offense	Date	City and State	Fine or Sentence

Note: Convictions are not an automatic bar to employment. Each case is considered on its own merit.

EDUCATION		
Name of High School, City and State School: _____ City/State: _____	Did you Graduate? _____ Yes _____ No	G.E.D? _____ Yes _____ No

School For each level of education which applies to you, give name, city and state of last school you attended.	Dates Attended From To Mo./Yr. Mo./Yr.	Did you Graduate? Date of Graduation?	Course of study. Give major, minor, type of program pursued, etc.	Type of document awarded, i.e., certificate, diploma, etc.
College (Undergraduate) _____ Name _____ City/State		_____ Yes _____ No _____ (Mo./Yr.)		
College (Graduate) _____ Name _____ City/State		_____ Yes _____ No _____ (Mo./Yr.)		
Business or Technical _____ Name _____ City/State		_____ Yes _____ No _____ (Mo./Yr.)		

EMPLOYMENT EXPERIENCE *(continued)*

4. Employer _____	Employment Dates <i>(month/day/year)</i> :
Address _____	From: _____
<i>street</i> <i>city/state</i> <i>zip</i>	To: _____
Your Title & Duties _____	Reason for leaving: _____
_____	_____
_____ full-time _____ part-time	Starting Salary \$_____ per _____
Your Name While Employed: _____	Final Salary \$_____ per _____
Immediate Supervisor: _____	
<i>name</i> <i>title</i> <i>phone</i>	

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed, and it is subsequently discovered by WCD that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that WCD shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies or persons to give any information requested regarding my employment, character, experience and qualifications and/or suitability of employment to WCD for the purpose of considering my suitability for hire or continued employment. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

Signature of Applicant

Date

NOTE: Please be advised that any final offer of employment, if hired, may be conditioned upon passing a physical examination, including substance abuse screening. Refusal to participate will result in the rejection of your application. All applicants must comply with the WCD residency requirements.

