



# EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

**Please Return Signed Copy to the WCD Through Mail or Fax (414) 908-6390**

## WISCONSIN CENTER DISTRICT

*Owners & Operators of the Wisconsin Center, UW-Milwaukee Panther Arena, and Miller High Life Theatre*

400 West Wisconsin Avenue • Milwaukee, WI 53203 • (414) 908-6000

*The Wisconsin Center District is Proudly a Smoke and Tobacco-Free Campus*

WELCOME! We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. Wisconsin Center District ("WCD") is an EQUAL OPPORTUNITY EMPLOYER and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. Applicants with disabilities may be entitled to reasonable accommodation. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on WCD. Please inform the Human Resources department if you need assistance completing any forms or to otherwise participate in the application process.

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

CONTACTS: \_\_\_\_\_

DATE TIME

DATE TIME

INTERVIEW  
SCHEDULE:

DATE TIME

DATE TIME

CONTACT PERSON

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSTRUCTIONS:

Please print in INK or TYPE all information clearly. Answer all questions. Mark those questions that do not apply as "N/A." Applications will only be processed with the completion of the Applicant Acknowledgment Agreement at the end of the application prior to submitting.

## GENERAL INFORMATION:

Full Name: \_\_\_\_\_  
LAST FIRST MI

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone No. \_\_\_\_\_  
PRIMARY ALTERNATE

E-Mail: \_\_\_\_\_ Start Date: \_\_\_\_\_  
(Optional) MM/DD/YY

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

Do you, or will you in the future, require immigration sponsorship for work authorization? Yes No

Are you at least 18 years old? Yes No  
(If no, you may be required to provide authorization to work)

How were you referred to the WCD? Friend Other  
Ad Relative

Have you ever been employed by the WCD or MECCA? Yes No  
If yes, When: Name while employed (If Changed):

Have you ever worked at the WCD through an outside agency? Yes No  
If yes, When: Name of Agency:

Are you related to anyone currently employed by the WCD? Yes No  
Name: Relationship:

## POSITION INFORMATION:

Positions Applying For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position Type: Part-Time Full-Time Temporary/Seasonal  
(Mark All Applicable)

# EMPLOYMENT HISTORY:

Please list your present or most recent experience first, followed by all additional experience including qualifying and related volunteer experience.

Employer:	_____	Employment Dates:	_____	To	_____
Address:	_____	Reason for Leaving:	_____		
	<i>STREET</i>	<i>CITY/STATE</i>	<i>ZIP</i>	May we contact?:	Yes No
Position & Duties:	_____				
	_____				
Immediate Supervisor	_____				
	<i>NAME</i>	<i>TITLE</i>	<i>PHONE</i>		
Compensation Rate:	_____				
	<i>PER</i>				

Employer:	_____	Employment Dates:	_____	To	_____
Address:	_____	Reason for Leaving:	_____		
	<i>STREET</i>	<i>CITY/STATE</i>	<i>ZIP</i>	May we contact?:	Yes No
Position & Duties:	_____				
	_____				
Immediate Supervisor	_____				
	<i>NAME</i>	<i>TITLE</i>	<i>PHONE</i>		
Compensation Rate:	_____				
	<i>PER</i>				

Employer:	_____	Employment Dates:	_____	To	_____
Address:	_____	Reason for Leaving:	_____		
	<i>STREET</i>	<i>CITY/STATE</i>	<i>ZIP</i>	May we contact?:	Yes No
Position & Duties:	_____				
	_____				
Immediate Supervisor	_____				
	<i>NAME</i>	<i>TITLE</i>	<i>PHONE</i>		
Compensation Rate:	_____				
	<i>PER</i>				

Employer:	_____	Employment Dates:	_____	To	_____
Address:	_____	Reason for Leaving:	_____		
	<i>STREET</i>	<i>CITY/STATE</i>	<i>ZIP</i>	May we contact?:	Yes No
Position & Duties:	_____				
	_____				
Immediate Supervisor	_____				
	<i>NAME</i>	<i>TITLE</i>	<i>PHONE</i>		
Compensation Rate:	_____				
	<i>PER</i>				

**Explain any gaps in employment:** \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION HISTORY:

### HIGH SCHOOL

Name: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
City/State: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
GPA: \_\_\_\_\_ Document Awarded: \_\_\_\_\_

### TECHNICAL/BUSINESS/VOCATIONAL

Name: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
City/State: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
GPA: \_\_\_\_\_ Document Awarded: \_\_\_\_\_

### COLLEGE (UNDERGRADUATE)

Name: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
City/State: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
GPA: \_\_\_\_\_ Document Awarded: \_\_\_\_\_

### COLLEGE (GRADUATE)

Name: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
City/State: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
GPA: \_\_\_\_\_ Document Awarded: \_\_\_\_\_

Please list any applicable, valid, work-related certifications or licenses

CERTIFICATION	ISSUING AGENCY	EXPIRATION DATE
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## PERSONAL REFERENCES:

NAME	E-MAIL	TELEPHONE	TYPE OF ACQUAINTANCE
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## BACKGROUND INFORMATION:

During the past 7 years, have you even been discharged, suspended, or asked to resign from a position:

Yes                      No                                      If Yes, specify: \_\_\_\_\_

For the purpose of verifying information on this application, have you ever worked or attended school under a different name?

Yes                      No                                      If Yes, specify name: \_\_\_\_\_

Do you have any pending criminal charges (other than a minor traffic violation) and/or have you ever been convicted of a crime that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest, or expunged juvenile records of conviction or arrest.

*A conviction record does not automatically bar you from employment with WCD and will be considered only as consistent with the Wisconsin Fair Employment Act.*

OFFENSE	CITY/STATE	DATE

## APPLICANT ACKNOWLEDGMENT AGREEMENT:

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.

INITIALS: \_\_\_\_\_

I authorize WCD and its representatives to contact my prior employers and all others (with the exception of an employer, only if I have marked "May we contact?" in the EMPLOYMENT HISTORY section of this application as "No") for the purpose of verification of the information. I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

INITIALS: \_\_\_\_\_

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with WCD.

INITIALS: \_\_\_\_\_

I understand that I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with WCD.

INITIALS: \_\_\_\_\_

I understand that I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

INITIALS: \_\_\_\_\_

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE