Employment Application

Hands On Studios, Inc. 3655 Peninsula Players Road Fish Creek, WI 54212 info@handsonartstudio.com



		Applicant In	iformation	1			
Full Name:						Date:	
	Last	First			M.I.		
Address:							
Address.	Street Address					Apartment/Uni	t #
	City				State	ZIP Code	
Dhama		-					
Phone:		t	mail:				
Date Availab	ole:						
	ull Time (hours desired per wo ; Days Available:	eek):					
Position App	olied for:				_		
Are you a ci	tizen of the United States?	YES NO	If no, are	e you autho	rized to w	YES ork in the U.S.?	NO
Have you ev	ver been convicted of a felony	YES NO					
If yes, expla	in:						
		Educa	ition				
High School	:	Address:					
From:	To:	Did you graduate?	YES I	NO Diplo	oma:		
College:		Address:_					
From:	To:	Did you graduate?		NO Deg	ree:		
Other:		Address:					
From:	To:	Did you graduate?	YES I	NO Diplo	oma:		

	Please list three	professional re	ferences.		
Full Name:			Rel	ationship:	
Company:				Phone:	
Address:					
Full Name:			Rel	ationship:	
Company:				Phone:	
Address:					
Full Name:			Pol	ationship:	
Company:				Phone:	
Address:					
Address:					
	Previou	s Employment			
Company:				Phone:	
Address:				upervisor:	
Job Title:	Starting Salary: \$			Ending Salary	:\$
Responsibilities:					
From:	To:	Reason f YES	or Leaving: NO		
May we contact your pr	revious supervisor for a reference?				
Company:				Phone:	
Address:			S	upervisor:	
Job Title:	Startir	ng Salary: \$		Ending Salary	: <u>\$</u>
Responsibilities:					
From:	To:	Reason f	or Leaving:		
		YES	NO		
May we contact your pr	revious supervisor for a reference?				
	Volun	teer Service			
Type:			From:		To:
Type:			From:		To:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or miss result in my release.	leading information in my application or interview ma
Signature:	Date: