## APPLICATION FOR EMPLOYMENT



## **RETURN COMPLETED APPLICATIONS TO:**

2214 E. Capitol Dr. Shorewood, WI 53211 ph- 414-964-5545 fax 414-964-5609

e-mail: JobsSA@milestonesprograms.org

Today's Date							
Name	S.S.#						
Street Address_		Phone					
City/State/Zip	e-mail						
Are you over 18?	Do you have a high school diploma or GED?						
COLLEGE/TECHNICAL	L SCHOOL EXPERIENCE	:					
School:	Dates:	Major:	Graduation Date:				
	RKING WITH CHILDRE	<u>-                                    </u>	IG:				
Organization:	Position:	Dates:					
EMPLOYMENT HISTO	PRY:						
Company Name:		Supervisor:					
Phone:	Position:	Pay Rate:					
Dates Employed:		Reason for Leaving:					
Company Name:		Supervisor:					
	Position:						
Company Name:		Supervisor:					
	Position:	-					
	1 OSITION						

Name:	Phone:						
Name:	Phone						
	<b>AVAILABILITY:</b> Put an "x" in any square you are <u>not</u> available to wo						
	Monday	Tuesday		Thursday	Friday		
7:00 - 7:30					<u> </u>		
7:30 - 8:00							
8:00 - 8:30							
8:30 - 9:00							
9:00 - 9:30							
9:30 - 10:00							
10:00 - 10:30							
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1:00 - 1:30 1:30 - 2:00							
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3:00 - 3:30							
3:30 - 4:00							
4:00 - 4:30							
4:30 - 5:00							
5:00 - 5:30							
5:30 - 6:00							
en would you be av w many hours a we							
w did you find out	about this pos	sition(if referre	ed, please list pe	erson's name)?			
TTEST HERE THAT have never been con give Milestones per The information on t	T: nvicted of a cr rmission to ve	rime in a court crify the inforn	of law nation containe	ed in this appli	cation		
Signature of Applica	nt			Date			
Signature of Applicant			Date				

religious beliefs, age, marital status, disability, or sexual orientation.