



# EMPLOYMENT EXPERIENCE

PAID WORK EXPERIENCE during the last 15 years. List your employment in chronological order, with your present or most recent experience first.

If none, use the most relevant years in your paid employment work history. Indicate reasons for any gaps over one year between employment, i.e., homemaking, school, illness, retirement.

1.	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly	Rate/Salary	
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly	Rate/Salary	
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly	Rate/Salary	
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly	Rate/Salary	
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Indicate any relevant volunteer work or community service, etc.

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

State any additional information you feel may be helpful to us in considering your application.

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

**Professional Work References (Include supervisors.)**

1. _____	_____
(Name)	(Telephone)
_____	_____
(Agency)	(Relationship)
_____	_____
(Address)	(Email)
2. _____	_____
(Name)	(Telephone)
_____	_____
(Agency)	(Relationship)
_____	_____
(Address)	(Email)
3. _____	_____
(Name)	{Telephone)
_____	_____
(Agency)	(Relationship)
_____	_____
(Address)	(Email)

May we contact your present employer concerning your work experience?  Yes  No

Would you have a car available for work?  Yes  No

Do you have a valid Wisconsin Driver's License, or the ability to obtain one?  Yes  No

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character, or medical history as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I agree to let RSVP conduct a background check on matters of public record.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_