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																									Date

APPLICATION FOR EMPLOYMENT



227 State St. Madison, WI 53703 (608) 257-0158

Date:	
Rate:	
Position:	
FOR OFFICE USE ONLY	

The Madison Museum of Contemporary Art is an Equal Opportunity Employer. It is our policy to administer all of our employment practices, including those pertaining to recruitment, hiring, placement, transfer, promotion or demotion, rates of pay or other forms of compensation, layoff or termination and selection for training in a nondiscriminatory manner without regard to race, color, religion, sex, age, handicap or disability, sexual orientation, national origin, or any other basis prohibited by applicable federal, state or local fair employment laws or regulations.

Personal Data			
Name (last, first, middle)			Date
Social Security Number	Phone Number	Email	
Address (Street, City, State, Zip Code)			
Position(s) applied for		Rate of pay expected	per
Full-time Part-time Specify days and hours if part-time	part-time		
List any friends or relatives working for us			
If your application is considered favorably, on what date will you be available for work?	will you be available for work?		
Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization?	hich you feel would especially fit you	for work with our organization?	
Education Record			
High School and City, State			Graduated?
College/University and City, State		Last year completed	Degree
Trade/technical training and City, State		Last year completed	Degree

Employment History

begin with most recent employer. Attach additional sneet if needed.	er. Attach additional she	et if needed.		
1. Employer			Dates of employment	nent
Address				
City	State	Zip code	Phone ()	
Supervisor's name		Beginning wage		Ending wage
Title and duties				
Reason for leaving				
2. Employer			Dates of employment	nent
Address				
City	State	Zip code	Phone ()	
Supervisor's name		Beginning wage		Ending wage
Title and duties				
Reason for leaving				
3. Employer			Dates of employment	nent
Address				
City	State	Zip code	Phone ()	
Supervisor's name		Beginning wage		Ending wage
Title and duties				
Reason for leaving				
4. Employer			Dates of employment	nent
Address				
City	State	Zip code	Phone ()	
Supervisor's name		Beginning wage		Ending wage
Title and duties				
Reason for leaving				
May we contact the employers listed above?		If not, indicate which one(s) you do not wish us to contact:	not wish us to contact:	
Personal References (not former employers or relatives)	not former employers or	relatives)		
Name and Occupation			Phone	Phone Number
Name and Occupation			Phone	Phone Number
Name and Occupation			Phone	Phone Number

MADISON MUSEUM OF CONTEMPORARY ART EMPLOYEE DATA RECORD (may be completed upon hire)

Name	Email
Spouse/Partner's Name (if applicable)	
Address (Street, City, State, Zip Code)	
Telephone Number	Social Security Number
Birth Date	Position/Department
In case of emergency contact:	

Histo
ory of
Emp
loyn
ent

(Below for office use only)

							Effective Date
							Wage Annual/hourly
							Comments
							Authorization By
							Date