Effective Date	Wage Annual/hourly	Comments	Authorization By	Date

APPLICATION FOR EMPLOYMENT

MMoCA
MADISON MUSEUM OF CONTEMPORARY ART

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

FOR OFFICE USE ONLY
Position: ______
Rate: ______
Date: ______

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

List any friends or relatives working for us

If your application is considered favorably, on what date 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?

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 sheet if needed.

1. Employer — Dates of employment

Address

City — State — Zip code — Phone ( )

Supervisor's name — Beginning wage — Ending wage

Title and duties

Reason for leaving

2. Employer — Dates of employment

Address

City — State — Zip code — Phone ( )

Supervisor's name — Beginning wage — Ending wage

Title and duties

Reason for leaving

3. Employer — Dates of employment

Address

City — State — Zip code — Phone ( )

Supervisor's name — Beginning wage — Ending wage

Title and duties

Reason for leaving

4. Employer — Dates of employment

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:

Personal References (not former employers or relatives)

Name and Occupation — Phone Number

Name and Occupation — Phone Number

Name and Occupation — 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:

(Below for office use only)

History of Employment

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