## APPLICATION FOR EMPLOYMENT



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

FOR OFFICE USE ONLY
Positions:
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.

mational origin, or any other basis promoted by applicable lederal, state or local fair employment laws or regulations.				
Personal Data				
Name (last, first, middle)		Date		
Phone Number	Email			
Address (Street, City, State, Zip Code)				
Position(s) applied for	Rate of pay expected	Per		
Specify days and hours				
List of any friends or relatives working for us				
If your application is considered favorably, on what date	te 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 e	mployer. Attach a	additional sheet if needed.		
1. Employer (May we contact this employer? Y / N)			Dates of Employment	
Address				
City	State	Zip code	Phone Number	
Supervisor's Name		Begining Wage	Ending Wage	
Specify days and hours				
Title and Duties				
Reason for leaving				
2. Employer (May we contact this employer? Y / N)			Dates of Employment	
Address				
City	State	Zip code	Phone Number	
Supervisor's Name		Begining Wage	Ending Wage	
Specify days and hours				
Title and Duties				
Reason for leaving				
3. Employer (May we contact this employer? Y / N)			Dates of Employment	
Address				
City	State	Zip code	Phone Number	
Supervisor's Name		Begining Wage	Ending Wage	
Specify days and hours				
Title and Duties				
Reason for leaving				
Personal References (not former employers or relatives)				
Name and Occupation			Phone Number	
Name and Occupation			Phone Number	
Name and Occupation			Phone Number	