



CAVE OF THE MOUNDS[®]

National Natural Landmark

Application for Employment

Today's Date: _____

Applicant Information

Name: _____ Position Applied For: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____ E-mail: _____

Education & Training

High School: _____ City: _____ State: _____

Clubs & Other Activities: _____ Date of Graduation: _____

College 1: _____ City: _____ State: _____

Major (s): _____

College 2: _____ City: _____ State: _____

Major (s): _____

Other Education, Specialized Training or Certification(s): _____

Employment History

Employer 1: _____ Dates: _____

Position Held: _____ Duties: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Wage/Salary: _____ Reason for Leaving: _____

Employer 2: _____ Dates: _____

Position Held: _____ Duties: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Wage/Salary: _____ Reason for Leaving: _____

-continued-

Employer 3: _____ **Dates:** _____

Position Held: _____ **Duties:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Wage/Salary: _____ **Reason for Leaving:** _____

Which of the employers above may we contact for a reference? 1 2 3

Additional Information

Personal Reference: _____ **Phone:** _____

Address: _____

City: _____ **State** _____ **Zip:** _____

How does this person know you? _____

Please use the space below to briefly explain why you would like to work at Cave of the Mounds. Include any experience, skills or other qualifications that you feel would make you a good candidate for employment: _____

How many hours would you like to work? Full-time (40 hrs) Part-time (less than 40 hrs)

When are you available to work? Weekdays Weekends Holidays

For immediate consideration, please return application to:

Cave of the Mounds - Attn: Employment
PO Box 148, Blue Mounds, WI 53517

OFFICE USE:

Social Security #: _____ **Position:** _____

DOH: _____ **Vehicle Use:** _____ **DOB (if ↓ 18):** _____