



Superior Vocations Center Inc.
 2320 Hill Avenue
 Superior, WI 54880
 PH 715-392-6171
 FX 715-392-6172

APPLICATION FOR EMPLOYMENT

Superior Vocations Center Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodations in the application process, he or she should contact a company representative.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime
After reviewing the Job Description, are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title		Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
		Reason for Leaving	
Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title		Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
		Reason for Leaving	
Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title		Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)			Hours Per Week
			Last Salary
			Supervisor
		Reason for Leaving	
References: Name, Association, Phone #			
1.			
2.			
3.			
How did you hear about the position?			

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ **Date** _____