



CAVE OF THE MOUNDS[®]

National Natural Landmark

Application for Employment

Applicant Information

Today's Date: _____

Name: _____ Position Applied For: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Education & Training

High School: _____ City: _____ State: _____ Date of Graduation: _____

Clubs & Other Activities: _____

College: _____ City: _____ State: _____ Major(s): _____

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

Employment History

	Job 1 (Most Recent)	Job 2	Job 3
Company Name			
Address			
Phone			
Employment Dates			
Job Title			
Work Description			
Ending Wage			
Manager's Name			
Reason for Leaving			
May We Contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional Information:

Are you 18 years of age or older? YES NO If no, enter date of birth: _____

Have you ever been convicted of a Felony or other crime other than an ordinary traffic stop?

YES NO If yes, please give dates and locations (conviction does not automatically bar an individual from consideration): _____

References:	Reference 1	Reference 2
Name		
Address		
Phone		
Email (NA if unknown)		
How does this person know you?		

Are you available to work: Weekdays Weekends Holidays

How many days per week would you like to work? _____ Please indicate days and hours available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Please list days/ dates unable to work: _____

Are you able to provide proof of eligibility to work in the United States? YES NO

Do you have reliable transportation? YES NO

Have you ever handled cash for a business before? YES NO

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:

For immediate consideration, please return application to:

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

Email at:
cave@caveofthemounds.com

OFFICE USE:	
Social Security #: _____	Position: _____
DOH: _____	Vehicle Use: _____ DOB (if ↓ 18): _____