



University of Wisconsin-Stevens Point

Business Affairs
Recycling or Grounds Work Unit

Stevens Point, WI 54481-3897 (715) 346-3622
FAX (715) 346-4133

PERSONAL DATA

NAME: _____
FIRST MIDDLE INITIAL LAST

POSITION APPLIED FOR: _____

UNIVERSITY ADDRESS: _____ PHONE # _____

PERMANENT ADDRESS: _____ PHONE # _____

CLASS STANDING FR. ___ SO. ___ JR. ___ SR. ___ SEMESTERS REMAINING AT UWSP _____

IS YOUR CURRENT GPA 2.5 OR ABOVE? Y ___ N ___

IS THERE ANY REASON YOU MAY NOT BE ABLE TO WORK THE ENTIRE SEASON? E.G. SPORTS, INTERNSHIP, ETC. _____

WORK EXPERIENCE

EMPLOYER _____	ADDRESS _____
SUPERVISOR _____	PHONE # _____ DATES OF EMPLOYMENT _____
POSITION _____	REASON FOR LEAVING _____

EMPLOYER _____	ADDRESS _____
SUPERVISOR _____	PHONE # _____ DATES OF EMPLOYMENT _____
POSITION _____	REASON FOR LEAVING _____

EMPLOYER _____	ADDRESS _____
SUPERVISOR _____	PHONE # _____ DATES OF EMPLOYMENT _____
POSITION _____	REASON FOR LEAVING _____

REFERENCES

NAME: _____ PHONE # _____ POSITION _____

NAME: _____ PHONE # _____ POSITION _____

NAME: _____ PHONE # _____ POSITION _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE PRIOR TO HIRING? IF NOT, INDICATE THOSE YOU DO NOT WISH US TO CONTACT.

ACTIVITIES AND INTERESTS: USE ADDITIONAL SHEETS IF NECESSARY. PLEASE ANSWER ALL QUESTIONS.

CO-CURRICULAR ACTIVITIES AND OFFICES HELD:

WHAT ATTRACTED YOU TO THIS POSITION?

WHAT EDUCATION, SKILLS, TRAINING OR EXPERIENCE DO YOU HAVE WHICH QUALIFIES YOU FOR THIS POSITION?

HOW DOES THIS POSITION RELATE OR CONTRIBUTE TO YOUR PROFESSIONAL GOALS?

PLEASE STATE ADDITIONAL INFORMATION OR COMMENTS WHICH COULD HELP US UNDERSTAND YOUR INTERESTS AND ABILITIES AS RELATED TO THIS POSITION.

WOULD YOU LIKE TO BE CONSIDERED FOR OTHER MAINTENANCE RELATED JOBS ASSOCIATED WITH THE PHYSICAL PLANT ON THE UWSP CAMPUS? MAY INCLUDE OFFICE WORKER OR LABORER JOBS. YES _____ NO _____

I certify that all information on this application is accurate and complete to the best of my knowledge.
I understand that any misrepresentation or omission of facts could render my application void or be sufficient grounds for termination.

SIGNED: _____ DATE: _____