



UNIVERSITY OF WISCONSIN-MILWAUKEE
Employment Application

POSITION APPLYING FOR	REFERRED BY	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE/ZIP CODE
HOME PHONE	CELL/WORK PHONE	E-MAIL

EDUCATION/TRAINING

HIGH SCHOOL DIPLOMA/GED	NAME/LOCATION OF INSTITUTION	MONTH/YEAR DIPLOMA GRANTED
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OTHER EDUCATION (UNDERGRADUATE COLLEGES OR UNIVERSITIES, GRADUATE SCHOOLS OR TECHNICAL/VOCATIONAL/BUSINESS SCHOOLS)

NAME/LOCATION	DATES ATTENDED	(EXPECTED) GRADUATION DATE	TYPE OF DEGREE/DIPLOMA	MAJOR/MINOR FIELDS OF STUDY

SKILLS/QUALIFICATIONS

LIST ALL COMPUTER PROFICIENCIES:

DESCRIBE ANY OTHER TRAINING YOU HAVE HAD NOT LISTED ABOVE:

The University of Wisconsin-Milwaukee is an equal opportunity employer and fully subscribes to the principles of Affirmative Action and Equal Employment Opportunity. It is the policy of UWM to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, sexual orientation, veteran status or disability, parental status or any other basis prohibited by federal or state law. As an equal opportunity employer, UWM fully intends to comply fully with all federal and state and the information requested on this application will not be used for any purpose prohibited by law. Applicants with disabilities may request any needed accommodation.

Work Experience – Provide a Complete Description of All qualifying Work Experience (or attach resume)

This information may be used to determine your qualifications. Be specific. Start with your most recent experience. Please indicate any change in job title under the same employer as a separate position.

PRESENT OR MOST RECENT EMPLOYER		TYPE OF BUSINESS		LOCATION/ADDRESS/PHONE	
YOUR TITLE					
NAME OF SUPERVISOR					
YOUR DUTIES					
DATES EMPLOYED	REASON FOR LEAVING	BEGINNING SALARY/WAGE	ENDING SALARY/WAGE		
EMPLOYER		TYPE OF BUSINESS		LOCATION/ADDRESS/PHONE	
YOUR TITLE					
NAME OF SUPERVISOR					
YOUR DUTIES					
DATES EMPLOYED	REASON FOR LEAVING	BEGINNING SALARY/WAGE	ENDING SALARY/WAGE		
EMPLOYER		TYPE OF BUSINESS		LOCATION/ADDRESS/PHONE	
YOUR TITLE					
NAME OF SUPERVISOR					
YOUR DUTIES					
DATES EMPLOYED	REASON FOR LEAVING	BEGINNING SALARY/WAGE	ENDING SALARY/WAGE		

HAVE YOU EVER BEEN EMPLOYED BY UWM? YES NO

IF YES, IN WHAT DEPARTMENT AND IN WHAT CAPACITY _____

Please read carefully: I hereby certify that the statements and answers given by me on this application are true and correct. I hereby authorize you to contact references, past or present employers (unless note above). It is understood and agreed that any misinterpretation, false statement or omissions by me on this application will be sufficient reasons for rejection of my application or for my dismissal at any time during my employment, without liability to the University of Wisconsin-Milwaukee. Sign below.

_____ Date _____