

Specialized Training

## EMPLOYMENT APPLICATION

Madeline Island Ferry Line PO Box 66 La Pointe, WI 54850 715-747-2051 / 715-747-2355 (Fax) mifladmin@madferry.com

	APPLICA	NT INFORMA	ATION		
Name:					
Address: City: Mailing Address: City:		City:	State:	Zip:	
Phone:	Email Add	lress:			
	ADDITION	NAL INFORM	ATION		
Are you legally au	○ Yes ○	No			
f under 18 years	○ Yes ○	No			
Do you have a cur	○ Yes ○	No			
Have you applied	○ Yes ○	No			
Please list any MI	FL employee(s) you know:				
	ate: raining, skills, licenses and/or ce		it may qualify you	ı for emplovme	nt
•				- •	
					_
	E	DUCATION			
		# of	Did		
		years	you		
	Name & Location	attended	graduate?	Subject/N	<b>Iaj</b> o
High School					
College					
Conce					

## EMPLOYMENT HISTORY

1). I tame of Employer.		Phone:			
Address:	City:	State:	_ Zip:		
Name of Supervisor:					
Length of Employment (Include	Dates):	Salary/Hourly Rate of Pay:			
Position and Duties:					
Reason for leaving:					
2). Name of Employer:		Phone:			
Address:	City:	State:	_ Zip:		
Name of Supervisor:					
Length of Employment (Include 1	Dates):	Salary/Hourly Rate of	Pay:		
Position and Duties:					
Reason for leaving:					
May we contact this employer?					
May we contact this employer? ○	Yes O No	CES			
May we contact this employer? ○	Yes O No REFERENCE	CES	one year:		
May we contact this employer?   Three individual	Yes ONO  REFERENCE  s not related to you, whom y	CES  ou have known for at least o	one year:		
May we contact this employer?   Three individual	Yes ONO  REFERENCE  s not related to you, whom y	CES  ou have known for at least o	one year:		
May we contact this employer?   Three individual	Yes ONO  REFERENCE  s not related to you, whom y	CES  ou have known for at least o	one year:		
May we contact this employer?   Three individual	Yes ONO  REFERENCE  s not related to you, whom y	CES  ou have known for at least o			

Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_