

**EMPLOYMENT APPLICATION**

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

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you legally authorized to work in the United States?  Yes  No  
If under 18 years of age, can you provide proof of eligibility to work?  Yes  No  
Do you have a current, valid driver's license?  Yes  No  
Have you applied with us before?  Yes  No  
Please list any MIFL employee(s) you know: \_\_\_\_\_  
\_\_\_\_\_

**POSITION DETAILS**

Position Applying For: \_\_\_\_\_ Desired Pay: \$ \_\_\_\_\_  
Available Start Date: \_\_\_\_\_  
Summarize any training, skills, licenses and/or certifications that may qualify you for employment with us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

	Name & Location	# of years attended	Did you graduate?	Subject/Major
High School				
College				
Specialized Training				

**EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No

If you are currently employed, may we contact your current employer?  Yes  No

1). Name 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 Dates): \_\_\_\_\_ Salary/Hourly Rate of Pay: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

**REFERENCES**

Three individuals not related to you, whom you have known for at least one year:

Name	Telephone	Relationship	Years Acquainted

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employment in the future.

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