



JOB APPLICATION
Wisconsin Rapids Rafter
521 Lincoln St, Wisconsin Rapids, Wisconsin 54494
715-424-5400



Wisconsin Rapids Rafter is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name:

Address:

City, State and Zip Code:

Telephone Number:

Email Address:

Date of Application:

Employment Position

Position(s) applying for:

How did you hear about this position?

What days are you available for work?

What hours or shift are you available for work?

On what date can you start working if you are hired?

Personal Information

Do you have any friends, relatives, or acquaintances working for Wisconsin Rapids Rafter

Yes

No

If yes, state name & relationship:

Are you 18 years of age or older?

Yes

No

Are you a U.S. citizen or approved to work in the United States?

Yes

No

What document can you provide as proof of citizenship or legal status?

Do you have any condition which would require job accommodations?

Yes

No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Yes

No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Wisconsin Rapids Rafters complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Signature of Applicant _____ Date _____

