



Application for Employment



Should you need any special accommodations to participate in the application process (i.e. assistance in completing the application, accommodations for the interview, accommodations for any job-related employment tests, or any other needed accommodations), please let us know at the time of application, or at the time an appointment is scheduled.

Personal Information											
Last Name	First Name	Middle Initial									
E-mail address:	Social Security Number	Date Available									
Home phone	Message/Work phone	Drivers Lic#									
Address (number, street, apartment number)											
City	State	Zip									
Were you previously employed by the BBB? <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ To _____											
Position:											
CAN YOU, AFTER EMPLOYMENT OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No (In accordance with the immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.)											
Are you at least eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: (List all arrest, warrants, convictions in any state or providence. This will not necessarily disqualify you from employment. Please attach an additional sheet if necessary).											
Job Interest											
Position for which you are applying:			Preferred schedule <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hours of Availability:						
Location:					Sun	Mon	Tues	Wed	Thu	Fri	Sat
Education Information											
Type of School	Name and Location	Years Completed	Major Course of Study	Graduated (Yes or No)	Degree						
High School											
College/ University											
Graduate School											
Technical/ Business											
Please list any job related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those that indicate race, color, religion, political affiliations, national origin, ancestry, disability, marital status, sex, or age.)											
Job-Related Skills or Experience											
List any job related skills or experience that would qualify you for the position for which you are applying:											

Employment History

Name of current/most recent employer

Position Held

Employer's address

City

State

ZIP

Dates Employed:

Position (starting): \$ _____ Final salary: \$ _____

From _____ To _____

May we contact this employer? Yes No

Reason for leaving:

Telephone Number: _____

Supervisor (name and title):

Name of previous employer

Position Held

Employer's address

City

State

ZIP

Dates Employed:

Position (starting) :\$ _____ Final salary:\$ _____

From _____ To _____

May we contact this employer? Yes No

Reason for leaving:

Telephone Number: _____

Supervisor (name and title):

Name of previous employer

Position Held

Employer's address

City

State

ZIP

Dates Employed:

Position (starting):\$ _____ Final salary:\$ _____

From _____ To _____

May we contact this employer? Yes No

Reason for leaving:

Telephone Number: _____

Supervisor (name and title):

References

Please provide at least two (2) professional references that are not related to you.

1. Name

Title

Relationship

Telephone

2. Name

Title

Relationship

Telephone

3. Name

Title

Relationship

Telephone

Employment at the Better Business Bureau of Wisconsin, Inc. is "at will" and hence may be terminated at the sole discretion of the company for any reason or no reason regardless of whether there exists 'cause', 'good cause' or any other grounds or reasons for said termination. I agree to comply with all of the Company's rules, policies and procedures. With respect to policies pertaining to discipline, dismissal, and the provision of benefits and all other matters, I understand that these do not confer entitlement to employment for a definite term or for any term. This certifies that I completed this application, and that all entries and information in it are true and complete to the best of my knowledge. I have read and understand this information.

Signature of Applicant: _____

Date: _____