

STUDIO 84, INC.

121 W. Center St.
Whitewater, WI 53190
262-473-9845

Employment Application

APPLICANT INFORMATION										
First Name				Last Name				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Date of Birth				Social Security No.				Desired Salary		
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION										
High School				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

VOLUNTEER EXPERIENCES
Please list any volunteer work you have done
HAVE YOU EVER WORKED WITH PEOPLE WITH DISABILITIES? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, in what capacity?
Do you have any limitations that may prevent you from fully engaging in your work? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.
What do you feel are your best qualities? <i>(A distinctive attribute or characteristic you have. Aka you are calm, quiet, high energy person have patience etc.)</i>
What do you feel are your strongest skills? <i>(Skills are the ability to do something well such as computer skills, somersaults, phone skills, organizational skills etc.)</i>
What do you feel are your weaknesses, or things you feel you need to improve upon?
Check those that apply:
<input type="checkbox"/> Auditory Learner take in information through listening and speaking. To fully comprehend certain details, these learners prefer to hear instructions and sometimes verbally repeat them.
<input type="checkbox"/> Visual Learner – absorbs information when they see the material being presented. They often associate certain subject, ideas and tasks with images.
<input type="checkbox"/> Tactile Learner – are doers. They can read or listen to information all day long, but for it to really sink in they prefer firsthand experience with practical application. They take the term hands on literally.

PREVIOUS EMPLOYMENT										
Company							Phone			
Address							Supervisor			
Job Title			Starting Salary				Ending Salary			
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company							Phone			
Address							Supervisor			
Job Title			Starting Salary				Ending Salary			
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company							Phone			
Address							Supervisor			
Job Title			Starting Salary				Ending Salary			
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company							Phone			
Address							Supervisor			
Job Title			Starting Salary				Ending Salary			
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
MILITARY SERVICE										
Branch						From			To	
Rank at Discharge						Type of Discharge				
If other than honorable, explain										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature						Date				

Please list other any other city's/state's you have lived in over the last 5 years and the year/s you lived there.

By signing below you grant us permission to do background checks.

NOTE: Due to the vulnerable nature of our clientele we do background checks. These background checks include publicly available information at:

- National and state sex offender sites
 - State or local simple circuit court case searches
- We only question cases of
- abuse or violence towards others
 - money fraud (if your position involves money handling).

Each case will be looked into individually and discussed with you if anything is in question. You have the right to not follow through with the application process.