



**Please List Two Personal References:**

Name			Relationship/Years Known:
Living (Street)	City	Zip	Phone Number:
Name			Relationship/Years Known:
Living (Street)	City	Zip	Phone Number:

**Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer. If you need additional space, please continue on a separate sheet of paper.**

Company Name:			Telephone Number:
Address:	Name of Supervisor:	Employed (Month & Year) From:                      To:	
State Job Title and Describe Your Work:			
Starting Pay:	Last Pay:	Reason For Leaving:	

Company Name:			Telephone Number:
Address:	Name of Supervisor:	Employed (Month & Year) From:                      To:	
State Job Title and Describe Your Work:			
Starting Pay:	Last Pay:	Reason For Leaving:	

**The information provided in this Application for Wisconsin Fresh Start is true, correct and complete. If enrolled, any misstatement or omission of fact on this application or interview(s) may result in my dismissal at any time during the term of service.**

**I authorize investigation of all statements contained in this application for enrollment as may be necessary in arriving at an enrollment decision and thereafter as determined necessary during the term of service. I also authorize all employment and reference checks to be completed. I understand that selection is contingent upon the organization's review of my criminal history, if any. I understand that this application is not and is not intended to be a contract of enrollment.**

**I understand that acceptance of an offer of enrollment does not create a contractual obligation upon the company to continue to enroll me in the future. I understand, also, that I am required to abide by all rules and regulations of the company.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date