

GREATER MADISON CONVENTION & VISITORS BUREAU  
615 E. WASHINGTON AVENUE > MADISON, WI > 53703

WWW.VISITMADISON.COM

# APPLICATION

Applicant for position of: \_\_\_\_\_ Date of Application \_\_\_\_\_

Last name _____	First name _____	Middle Initial _____
Address _____		
City _____	State _____	Zip _____ Telephone (____) _____ - _____
Email _____ If hired, date you are able to start work _____		

It is the policy of the GMCVB to provide reasonable accommodations to qualified individuals with a disability who are applicants for employment or employees. If you would like to submit a request, please contact the Director of Operations 608.441.3948; [cavitt@visitmadison.com](mailto:cavitt@visitmadison.com).

- Have you ever applied to the GMCVB before? Yes \_\_\_\_ No \_\_\_\_
  - If yes, when? \_\_\_\_\_
- Have you ever worked for the GMCVB before? Yes \_\_\_\_ No \_\_\_\_
  - If yes, when? \_\_\_\_\_
- What are your compensation requirements? \_\_\_\_\_
- Are you over the age of 18? Yes \_\_\_\_ No \_\_\_\_
- Are you legally authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_  
The GMCVB hires only United States citizens and aliens lawfully authorized to work in the United States.
- Is anyone related to you employed by GMCVB? Yes \_\_\_\_ No \_\_\_\_
  - If yes, please list their name and relationship to you. \_\_\_\_\_
- Have you ever been fired or asked to resign from a job? Yes \_\_\_\_ No \_\_\_\_
  - If yes, please explain (attach document if necessary) \_\_\_\_\_

### Educational Background

Type of School	Name & Address	Check Last Completed	Graduated (y/n) Degree/Diploma
High School		9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	
Trade/Business School		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
College		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Post Graduate		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	

# Work History

(This section must be completed by all applicants. Resume' not an acceptable substitution.)

Please begin with most recent employment. If you wish to attach additional information, please check here  and attach.

Are you currently employed? Yes  No  If yes, current work schedule: \_\_\_\_\_

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip _____
Phone: (____)____-____ Supervisor's Name: _____ Title: _____
Responsibilities: _____ _____
Starting Rate of Pay and Title: _____ Ending Rate of Pay and Title: _____
Reason for Leaving: _____ _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip _____
Phone: (____)____-____ Supervisor's Name: _____ Title: _____
Responsibilities: _____ _____
Starting Rate of Pay and Title: _____ Ending Rate of Pay and Title: _____
Reason for Leaving: _____ _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip _____
Phone: (____)____-____ Supervisor's Name: _____ Title: _____
Responsibilities: _____ _____
Starting Rate of Pay and Title: _____ Ending Rate of Pay and Title: _____
Reason for Leaving: _____ _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Other Qualifying Factors

Please list any relevant certifications or awards (include dates): \_\_\_\_\_

Please list computer types and programs and/or other office equipment you are proficient in. \_\_\_\_\_

Indicate, with dates, any other volunteer activities you have been or are now engaged in relating to the position you are applying. \_\_\_\_\_

## References

Please list three persons, who are not related to you, who can provide professional references.

Name	Address	Phone Number	Relationship to Applicant	Years Known

### **Please read carefully before signing.**

The Greater Madison Convention & Visitors Bureau (GMCVB) is an equal opportunity employer. The GMCVB does not discriminate in employment on account of age, race, religion, creed, sex, color, handicap or disability, national origin or ancestry, marital status, sexual orientation, status as a veteran, arrest and conviction records, income level or source of income, less than honorable discharge, physical appearance, political beliefs, student status and/or any other characteristic protected by local, state or federal law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the GMCVB to offer me a job, or obligate me to accept a job. If I am hired, I understand that either the GMCVB or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the GMCVB has the authority to make any assurance to the contrary.

I attest with my signature below that all the information I have given to the GMCVB in this employment application is true and correct without consequential omissions of any kind whatsoever. I understand and agree that any misrepresentation or omission of facts may render this application void and constitute cause for the denial of employment, or if employed, may be cause for immediate dismissal with the GMCVB.

I fully consent to and authorize the GMCVB to make such investigations and inquire of my personal, employment, educational and other related matters as may be necessary for an employment decision. I hereby release said companies, schools or persons from all liability for any damage for providing information as specified herein.

In the event of my employment by the GMCVB, I will comply with all policies set forth in the employee manual and with other policies established by the organization.

I hereby acknowledge that I have read and understand the above statement and that I voluntarily sign this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_