



General Employment Application Form
 Olbrich Botanical Gardens
 3330 Atwood Ave., Madison, WI 53704

APPLICATION FOR POSITION OF:		DATE		
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS - (Number, street, city, state, zip code)				
PREFERRED PHONE NUMBER		ALTERNATE PHONE NUMBER		
E-MAIL ADDRESS				
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? _____ YES _____ NO				
AVAILABILITY Available start date: _____				
ESSENTIAL FUNCTIONS (Essential Functions are listed in the specific Position Description) Can you perform the essential functions listed in the Position Description being applied for? YES [] NO [] If no, please explain.				
Education	Name and location of school	# of years attended	Graduated (Y/N)	Primary Subject Studied or Major
High School				
Post-Secondary				
Please describe any other education – not listed above – that relates to the position.				

REFERENCES List three references.

Name / Relationship	Address	Phone
1.		
2.		
3.		

EMPLOYMENT Start with your present or most recent position and list your last three employers

Position Held	Name of Employer	Supervisor's Name and Title	
Full Address (Including Street, City, State & Zip)		Supervisor's Telephone Number ()	
Dates Employed:	From Month/Day/Year	To Month/Day/Year	Reason for Leaving
Describe the Work Performed			

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Full Address (Including Street, City, State & Zip)		Supervisor's Telephone Number ()	
Dates Employed	From Month/Day/Year	To Month/Day/Year	Reason for Leaving
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Full Address (Including Street, City, State & Zip)		Supervisor's Telephone Number ()	
Dates Employed	From Month/Day/Year	To Month/Day/Year	Reason for Leaving
Describe the Work Performed			
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Olbrich Botanical Society (OBS) is an equal opportunity employer. OBS does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for OBS to hire me. If I am hired, I understand that either OBS 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 OBS has the authority to make any assurance to the contrary. I attest with my signature below that I have given to OBS true and complete information on this application. No requested information has been concealed. I authorize OBS to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date:

Signature: