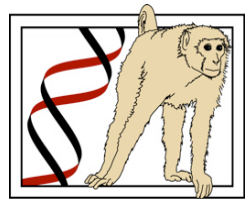




**National Primate Research Center**  
**1220 Capitol Ct**  
**Madison, WI 53715-1299**  
**Phone: 608-263-3504**  
**Fax: 608-262-8946**



It is the policy of the University of Wisconsin-Madison to provide reasonable accommodations for qualified persons with disabilities who are employees or applicants for employment. Employment opportunities will not be denied to anyone because of the need to make reasonable accommodations to a person's disability. Please let us know if you need assistance or accommodations to interview.

|                                |  |                                |                        |                                |     |
|--------------------------------|--|--------------------------------|------------------------|--------------------------------|-----|
| Position You Are Applying For: |  |                                | Social Security Number |                                |     |
| Last Name                      |  | First                          |                        | Middle                         |     |
| Address                        |  | City                           | State                  |                                | Zip |
| Home Phone (include area code) |  | Work Phone (include area code) |                        | Cell Phone (include area code) |     |
| E-Mail Address                 |  |                                |                        |                                |     |

**EDUCATION AND TRAINING:**

|   |  |  |             |  |                  |
|---|--|--|-------------|--|------------------|
| Did you graduate from high school or obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and location of high school or institution: |  |             |  |                  |
| College or University Name & Location   | Dates Attended<br>From To                        |  | Major Field |  | Degree Conferred |
|   |  |  |             |  |                  |
|   |  |  |             |  |                  |

**AVAILABILITY AND SKILLS:**

|   |  |                       |  |  |  |
|---|--|-----------------------|--|--|--|
| When are you available? (Check all that apply.) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   |  |                       |  |  |  |
| List equipment, machinery, motorized vehicles you can operate:<br>_____   |  |                       |  |  |  |
| Do you currently have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                       | Do you have 2 years of licensed driving experience? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Do you have computer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you used Word? <input type="checkbox"/> Yes <input type="checkbox"/> No Excel? <input type="checkbox"/> Yes <input type="checkbox"/> No Other: |  |                       |  |  |  |
| List any additional training or licenses you have:<br>_____<br>_____  |  |                       |  |  |  |
| Are you currently a State of Wisconsin employee? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, is your position: <input type="checkbox"/> Permanent <input type="checkbox"/> LTE or Project                                |  |                       |  |  |  |
| Title:  |  | Department or Agency: |  |  |  |

**PROOF OF WORK ELIGIBILITY IS REQUIRED FOR EMPLOYMENT.**

**WORK EXPERIENCE:** (Provide a complete description of all work experience including self employment, military service, etc. You may attach additional materials as needed.)

|  |                    |  |
|--|--------------------|--|
| <b>Present or most recent employer</b>                 | Your position      | Kind of business   |
| Address of business (street, city, state and zip code) | Reason for leaving | Supervisor's name, title and phone                       |
| Your duties  |                    | Dates of Employment<br>From (Month/Year) To (Month/Year) |

|  |                    |  |
|--|--------------------|--|
| <b>Employer</b>  | Your position      | Kind of business   |
| Address of business (street, city, state and zip code) | Reason for leaving | Supervisor's name, title, phone                          |
| Your duties  |                    | Dates of Employment<br>From (Month/Year) To (Month/Year) |

|  |                    |  |
|--|--------------------|--|
| <b>Employer</b>  | Your position      | Kind of business   |
| Address of business (street, city, state and zip code) | Reason for leaving | Supervisor's name, title, phone                          |
| Your duties  |                    | Dates of Employment<br>From (Month/Year) To (Month/Year) |

|  |                    |  |
|--|--------------------|--|
| <b>Employer</b>  | Your position      | Kind of business   |
| Address of business (street, city, state and zip code) | Reason for leaving | Supervisor's name, title, phone                          |
| Your duties  |                    | Dates of Employment<br>From (Month/Year) To (Month/Year) |

**I certify that all of the information on this application and attached materials is true and correct in every respect.  
I understand that a background check, including a check of my prior employment and references, conviction record and driver's record, may be conducted as required.**

**UNIVERSITY OF WISCONSIN-MADISON**

**Reference Release**

**Please read this release and sign and date below if you understand and agree to these terms.**

The University of Wisconsin-Madison, National Primate Research Center verifies past and current employment history, and education (where appropriate).

I understand an investigation of all statements contained in my application for employment will be verified as necessary for making an employment decision.

I hereby authorize the UW-Madison, National Primate Research Center Human Resources Office, or other authorized representatives bearing this release, such as National Primate Research Center managers and supervisors, to obtain all information and records pertaining to me as may be necessary for making an employment decision.

Sources of information and records may include, but are not limited to:

1. Previous employers
2. Current employers
3. Personal references
4. Any school, college, university or other educational institution

I hereby release any agency, institution or business, collectively or individually, from any and all liability relating to any attempt to comply with this release. A copy of this signed release may be accepted as the original. This release will remain in effect as long as my application is still being considered for employment with the National Primate Research Center.

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Other Names  
You've Used \_\_\_\_\_

**REFERENCES**

**Your Name:** (Please Print) \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_

Relationship: \_\_\_\_\_ current or former supervisor or employer  
                  \_\_\_\_\_ co-worker/business associate  
                  \_\_\_\_\_ teacher, community leader

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
          Area Code           Number

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_

Relationship: \_\_\_\_\_ current or former supervisor or employer  
                  \_\_\_\_\_ co-worker/business associate  
                  \_\_\_\_\_ teacher, community leader

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
          Area Code           Number

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_

Relationship: \_\_\_\_\_ current or former supervisor or employer  
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                  \_\_\_\_\_ teacher, community leader

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
          Area Code           Number

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address \_\_\_\_\_