



shell lake arts center  
master teachers. magic setting.

PO Box 315  
802 First Street  
Shell Lake, WI 54871  
p: 715.468.2414  
f: 715.468.4570  
w: www.shelllakeartscenter.org

### Summer Kitchen Staff Application

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Current Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Educational Background

High School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

College Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

### Work Experience

Employer \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## References

Please include one personal reference and one employer/educational reference.

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have a reliable way to get to work? \_\_\_\_\_

Are there any commitments of your time that we should know about? If so, what?

---

I authorize the Shell Lake Arts Center to review my statements, references, and those former employers I have indicated. I certify all the information in this application to be true and agree that any misrepresentation or concealment of a material fact will be sufficient cause for dismissal. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment relationship or contract between the Shell Lake Arts Center and me either for employment or the providing of any benefit. No promises regarding employment have been made to me and I understand that any such promise or guarantee would not be binding upon The Shell Lake Arts Center unless made to me in writing. If an employment relationship is established, I understand and agree that my employment can be terminated any time at the option of either Shell Lake Arts Center or me. I further authorize the Shell Lake Arts Center to perform a background check through the State of Wisconsin. I understand that any offer for employment is conditional until this background check has been completed and reviewed. I further understand that any agreement for employment will not be for any specified period of time unless so agreed in a formal written appointment.

---

Applicant Signature

---

Date

**Send Completed Application by April 21, 2022 to**  
**Pat Barnett, Executive Director**  
**Shell Lake Arts Center**  
**PO Box 315**  
**Shell Lake, WI 54871**  
[Pbarnett@shelllakeartscenter.org](mailto:Pbarnett@shelllakeartscenter.org)

*The Shell Lake Arts Center provides equal opportunities and affirmative action in programs and employment. The Center does not discriminate on the basis of age, race, creed, color, disability, sex, sexual orientation, developmental disability, national origin and ancestry, marital status, arrest record, or non-employment related conviction record. Employment is contingent upon establishment of identity and verification of employment eligibility as required by the Immigration Reform and Control Act of 1986.*