

This company is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

Live It

PLEASE BE SURE TO SIGN THIS APPLICATION BEFORE SUBMITTING

| DATE: | | | | |
|-------------------------------|-----------------------|---------------------|--------------------------------------|-----------------------------------|
| NAME: | | | | |
| Last | | First | | Middle |
| Address: | | | g | |
| No. | Street | City | State | Zip |
| Home Phone: | | | Business Phone: | |
| Have you been pro | eviously employe | ed by this compa | ny? ☐ Yes ☐ No | |
| If yes, when? | | | In what capacity? | |
| Names of friends | or relatives emplo | oyed by this con | npany: | |
| Name | | | Relationship | |
| Name | | | Relationship | |
| Name | | | Relationship | |
| Are you a United States? □Yes | | do you have an | entry permit which allows y | ou to lawfully work in the United |
| Are you at least 1 | 8 years old? | Yes □ No | | |
| - | | | n a minor traffic violation? | □Yes □No |
| A conviction does not | constitute an automat | ic bar to employmer | at and will be considered only as it | relates to the job in question. |
| Do you hold a val | id Driver's Licen | se in your name | for the state of Wisconsin? | □Yes □No |
| Are there any viol | lations, conviction | ns, and/or collisi | ons on your Motor Vehicle | Driving Record? □Yes □No |
| If yes, please expl | ain: | | | |
| | | | | |



EMPLOYMENT APPLICATION

EMPLOYMENT DESIRED

| Position applied for | | | ☐ Full time ☐ Par | t time |
|--|---------------------------|-------------------|------------------------|---------------|
| Date available to start | | | | |
| EDU | <u>JCATION</u> | | | |
| Name and Location of School | #Yrs Completed | Graduate? | Course of Study | <u>Degree</u> |
| High School | | | | |
| College | | | | |
| Other | | | | |
| MI | <u>LITARY</u> | | | |
| Branch | From | To | | |
| What were your duties? | | | | |
| Did you receive any specialized training | g? | | | |
| <u>E</u> | MPLOYMENT HISTO | <u>ORY</u> | | |
| Please give accurate and complete infor | rmation. Start with prese | ent or most recer | nt employer. | |
| Company Name | Tel | ephone No | | |
| Address | Da | tes Employed_ | | |
| Name of Supervisor | Но | ourly Pay | | |
| Position and Responsibilities | | | | |
| Reason for Leaving | | | | |

EMPLOYMENT APPLICATION

| Company Name | Telephone No | L <u>. </u> | | | |
|------------------------------------|--|--|--|--|--|
| Address | Dates Employ | yed | | | |
| Name of Supervisor | Hourly Pay_ | | | | |
| Position and Responsibilities | | | | | |
| | | | | | |
| | Telep | | | | |
| Address | Dates Employed | | | | |
| Name of Supervisor | Hourly Pay | | | | |
| Position and Responsibilities | | | | | |
| | | | | | |
| May we communicate with your | REFERENCES present employer? □ Yes □ No | | | | |
| List three people (no relatives) y | ou have worked with and whom we may c | ontact for a reference. | | | |
| Name | Address | Phone | | | |
| Name | Address | Phone | | | |
| Name | Address | Phone | | | |



EMPLOYMENT APPLICATION

Please read the following statements carefully before you sign your name:

| "I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, or persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that my misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company. I have read, understand and agree to the above statement. (Please initial here). | |
|---|---|
| I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone No employment contract is created by virtue of my being hired by this Company. I have read, understand and agree to the above statement. (Please initial here). | • |
| I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still in a position with this Company, it will be necessary for me to complete a new application form." | |
| SIGN HERE: DATE: | |