

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.

PLEASE BE SURE TO SIGN THIS APPLICATION BEFORE SUBMITTING

DATE: _____

NAME: _____
Last First Middle

Address: _____
No. Street City State Zip

Home Phone: _____ Business Phone: _____

Have you been previously employed by this company? Yes No

If yes, when? _____ In what capacity? _____

Names of friends or relatives employed by this company:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Are you a United States Citizen or do you have an entry permit which allows you to lawfully work in the United States? Yes No

Are you at least 18 years old? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

A conviction does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

Do you hold a valid Driver's License in your name for the state of Wisconsin? Yes No

Are there any violations, convictions, and/or collisions on your Motor Vehicle Driving Record? Yes No

If yes, please explain: _____

EMPLOYMENT DESIRED

Position applied for _____ Full time Part time

Date available to start _____

EDUCATION

Name and Location of School **#Yrs Completed** **Graduate?** **Course of Study** **Degree**

High School _____

College _____

Other _____

MILITARY

Branch _____ From _____ To _____

What were your duties? _____

Did you receive any specialized training? Yes No

If yes, describe _____

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer.

Company Name _____ Telephone No. _____

Address _____ Dates Employed _____

Name of Supervisor _____ Hourly Pay _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Telephone No. _____

Address _____ Dates Employed _____

Name of Supervisor _____ Hourly Pay _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Telephone No. _____

Address _____ Dates Employed _____

Name of Supervisor _____ Hourly Pay _____

Position and Responsibilities _____

Reason for Leaving _____

REFERENCES

May we communicate with your present employer? Yes No

List three people (no relatives) you have worked with and whom we may contact for a reference.

Name Address Phone

Name Address Phone

Name Address Phone

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: _____