

# APPLICATION FOR EMPLOYMENT



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin

## PERSONAL INFORMATION

Date \_\_\_\_\_

Social Security Number (not required to apply) \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Present Address \_\_\_\_\_

Street

City

State

Zip

Permanent Address \_\_\_\_\_

Street

City

State

Zip

Phone No. \_\_\_\_\_

Referenced By \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

(If no we will need to verify if you meet the minimum age requirement for employment in this state.)

Do you have the legal right to work in the US  Yes  No

Yes  No

Do you reside in Wisconsin 10 months or less/year  Yes  No

Yes  No

## EMPLOYMENT DESIRED

Position \_\_\_\_\_

Date you can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Are you employed now?  Yes  No

If so may we inquire of your present employer?  Yes  No

Ever applied to this Company before?  Yes  No Where? \_\_\_\_\_

When? \_\_\_\_\_

## EDUCATION

Name and Location of School

Circle Last year Completed

Did you Graduate?

Subjects Studied and Degree(s) received

GRAMMAR SCHOOL			Yes _____	
			No _____	
HIGH SCHOOL		1 2 3 4	Yes _____	
			No _____	
COLLEGE		1 2 3 4	Yes _____	
			No _____	
Trade, Business Or Correspondence School		1 2 3 4	Yes _____	
			No _____	

## GENERAL

Are you physically capable of lifting 60 to 80 pounds, repetitively on a 9-hour basis? \_\_\_\_\_

Job related skills (typing, driver's license, CDL license, machinery operator, etc) \_\_\_\_\_

Activities, Other than Religious (Civic, athletic, etc.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

**FORMER EMPLOYERS** List below your last four employers, starting with the last one first

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for leaving
From To				
From To				
From To				
From To				

**REFERENCES** List below three persons not related to you whom you have known at least one year

Name	Address	Position	Years Acquainted
1			
2			
3			

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment may be seasonal and not full time.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In case of  
Emergency Notify \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone number \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS** \_\_\_\_\_

INS Form I-9 completed Yes \_\_\_\_\_ No \_\_\_\_\_

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Wages/Salary \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Employment Manager

Dept. Head

General Manager