

## APPLICATION FOR EMPLOYMENT

**AN EQUAL OPPORTUNITY EMPLOYER**

PLEASE PRINT OR TYPE, AND ANSWER ALL QUESTIONS. APPLICATIONS ARE CONSIDERED CURRENT FOR 30 DAYS

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE: ( ) \_\_\_\_\_ DAYS ( ) \_\_\_\_\_ EVENINGS

Are you 18 years old or older? Yes  No

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? Yes  No

If the position for which you are applying requires use of a motor vehicle, do you have a valid Wisconsin driver's license? Yes  No

If the position for which you are applying requires the use of a commercial driver's license, do you have a valid commercial driver's license? Yes  No

### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

SALARY REQUIREMENTS: \_\_\_\_\_ HOW DID YOU HEAR OF THIS POSITION? \_\_\_\_\_

HAVE YOU APPLIED TO THIS COMPANY BEFORE? Yes  No  IF YES, WHEN? \_\_\_\_\_

### EDUCATION AND TRAINING

This information will be considered only where relevant, and to assist in determining what position(s) might be appropriate for consideration.

LEVEL OF EDUCATION	NAMES & LOCATIONS OF SCHOOLS	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
POST-GRADUATE				
TRADE OR BUSINESS SCHOOL				

Please describe any other training that you consider relevant to the position for which you are applying, including dates & places of training.

## WORK EXPERIENCE

Provide complete information. Be specific. Starting with your current (or most recent) position, list from most to least recently held position. Include self-employment and military service. For part-time work, include the average number of hours per week. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

ARE YOU EMPLOYED NOW? Yes  No  If yes, may we inquire of your present employer? Yes  No

Employer	Street Address	
Your title	City, State & Zip	
Your duties	Phone	Name of supervisor
	May we contact supervisor? circle one: <b>Yes</b> <b>No</b>	
	Starting date (month & year)	Ending date (month & year)
	Last rate of pay	Circle one: <b>Hourly</b> <b>Weekly</b> <b>Monthly</b> <b>Annually</b>
Reason for leaving:		

Employer	Street Address	
Your title	City, State & Zip	
Your duties	Phone	Name of supervisor
	May we contact supervisor? circle one: <b>Yes</b> <b>No</b>	
	Starting date (month & year)	Ending date (month & year)
	Last rate of pay	Circle one: <b>Hourly</b> <b>Weekly</b> <b>Monthly</b> <b>Annually</b>
Reason for leaving:		

Employer	Street Address	
Your title	City, State & Zip	
Your duties	Phone	Name of supervisor
	May we contact supervisor? circle one: <b>Yes</b> <b>No</b>	
	Starting date (month & year)	Ending date (month & year)
	Last rate of pay	Circle one: <b>Hourly</b> <b>Weekly</b> <b>Monthly</b> <b>Annually</b>
Reason for leaving:		

Employer	Street Address	
Your title	City, State & Zip	
Your duties	Phone	Name of supervisor
	May we contact supervisor? circle one: <b>Yes</b> <b>No</b>	
	Starting date (month & year)	Ending date (month & year)
	Last rate of pay	Circle one: <b>Hourly</b> <b>Weekly</b> <b>Monthly</b> <b>Annually</b>
Reason for leaving:		

**REFERENCES** (Persons not related to you)

Name	Telephone number	Years acquainted
Address	Type of business	
Name	Telephone number	Years acquainted
Address	Type of business	
Name	Telephone number	Years acquainted
Address	Type of business	

**AUTHORIZATION, RELEASE AND CERTIFICATION**

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, of material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to seek to verify and supplement the information set forth in this application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand this application will be considered inactive after thirty (30) days.

I certify that I have read (or have had read to me) and understand this authorization, release, and certification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (type or print): \_\_\_\_\_