



# Application for Employment

Phone: 715-234-9186 Fax: 715-234-3966

Application may be faxed, mailed or delivered 8am - 4pm M-F.

Application Disclaimer: We consider applications for all positions without regard to race, color, Religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

**Please hand print a hard copy of this application or use Adobe Acrobat Reader to type into form fields and print from your desktop computer.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Desired Position(s): \_\_\_\_\_

Date of Application: \_\_\_\_\_

How did you learn about us?

- Advertisement                       Friend                       Walk-In  
 Employment Agency               Relative                       Other: \_\_\_\_\_

If you are 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

*If yes, give date:* \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

*If yes, give date:* \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?  Yes  No

*(Proof of citizenship or immigration status will be required upon employment.)*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

- Full Time               Part Time               Shift Work               Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

(Conviction will not necessarily disqualify an application from employment.)

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Education Background**

School Type	Name	Address	Course Study	Years Complete	Diploma/Degree
Elementary					
High School					
Technical College					
Graduate					
Other (Specify)					

Describe any school related specialized training, apprenticeship, skills and extra-curricular activities:

Describe an job-related training received in the United States Military: \_\_\_\_\_

\_\_\_\_\_

### **Employment Experience**

Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

**Present or Last Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employment Dates (Month/Year, From-To): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly  Salary Starting Wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_

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

**Past Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employment Dates (Month/Year, From-To): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly     Salary    Starting Wage: \_\_\_\_\_    Final Wage: \_\_\_\_\_

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

**Past Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employment Dates (Month/Year, From-To): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly     Salary    Starting Wage: \_\_\_\_\_    Final Wage: \_\_\_\_\_

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

List professional, trade, business or civic activities and offices held. *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):*

\_\_\_\_\_  
\_\_\_\_\_

Machinery Operator Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please explain any machinery or mechanical repair skills: \_\_\_\_\_

\_\_\_\_\_

Computer Skills:

General PC     Word Processor     IT     Programming

Other (Please Describe): \_\_\_\_\_

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application:

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Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you Physically capable of heavy manual work?  Yes  No

List any restrictions or handicaps that prevent you from doing certain kinds of work: \_\_\_\_\_

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***Personal References:***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

***Applicant's Statement***

I certify that answers given herein are true complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by an written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: \_\_\_\_\_

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

**Drug Screening Consent**

I agree by my signature below, consent to a drug screening assessment if I am offered a position with the company. I recognize that any job offer made is contingent upon a successful completion of the drug screening. I further authorize the release of the results of the screening to the company by the laboratory, which performs the analysis.

This authorization shall remain in effect for a period of one (1) year from the date below or until revoked, in writing, by myself, whichever is sooner.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for applying! We will contact you regarding the status of your employment application.

**For Personnel Department Use Only**

Arrange Interview?  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed?  Yes  No

Date of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

By (Name and Title): \_\_\_\_\_

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