



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to start: _____ Wage Desired: \$ _____

Position Applied for: _____

How did you hear about us: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Do you have a valid WI Drivers License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid CDL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Describe any other training or apprenticeship programs you consider relevant to the position you are applying.

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

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 may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to verify the information in the application. I release from all liability or legal claims for 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 with this employer 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 by the company, 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 days.

I understand that if my application is accepted and I am offered employment the employer may condition employment upon the successful completion of a physical or medical exam.

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

Signature: _____ Date: _____