



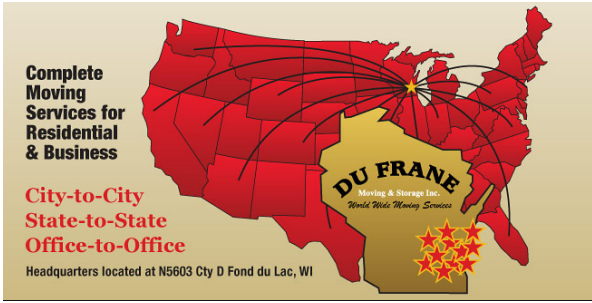
*N5603 County Road D., Fond du Lac, WI 54937*

*920-923-7920*

We sincerely appreciate your interest in employment with DuFrane Moving and Storage, Inc. and assure you that we are interested in your qualifications. To give us a clear understanding of your background and work history, we ask that you fill in all information requested. This greatly helps us in our screening process and enables us to place candidates in positions that best meet their qualifications and our needs.

A resume does not replace the requirement to have this form completed. However, it may be included. Incomplete applications will not be considered. Applications are active for 90 days.

If you need any assistance in the completion of this form or in our application process, please ask and we will be glad to help you.



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## EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last First Middle

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

Street Address Apartment/Unit #

City State ZIP CODE

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Available: \_\_\_\_\_ State age if under 18: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position applying for: \_\_\_\_\_

Work Status Preference: Full Time  Part Time  Temporary

Are you currently employed? Yes  No  Best time to contact you? \_\_\_\_\_

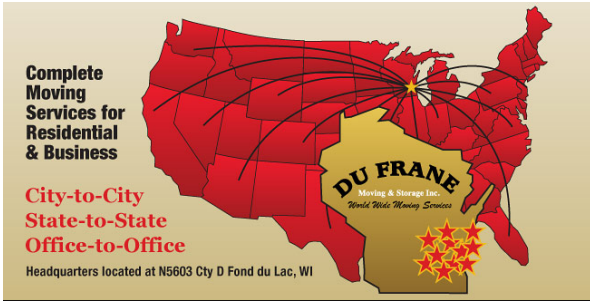
How were you Referred to DuFrane? \_\_\_\_\_

Have you applied to DuFrane Before? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been employed at DuFrane? Yes  No  If yes, when? \_\_\_\_\_

Do you have any relatives working for DuFrane? Yes  No  If yes, who and Relationship? \_\_\_\_\_

Do you have reliable transportation to work? Yes  No



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Are you a citizen of the United States? Yes  No  If no, are you authorized to work in the U.S.? Yes  No

Have you been convicted of a crime which has not been removed from your record, or have an arrest with a pending conviction? Yes  No

If yes, please state date, place and nature of conviction\*

\*Note – a criminal record does not constitute an automatic bar to employment. It will be considered only as it relates to the job for which you are applying.

Have you ever been discharged or asked to resign from a position? Yes  No

If yes, please explain: \_\_\_\_\_

**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: \_\_\_\_\_

**DRIVING RECORD**

Driving a vehicle is an essential job function, please complete the following Section

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you been involved in any accidents in a motor vehicle within the last five years? Yes  No   
If yes, list dates and a brief description of the accident, including which driver was at fault:

Have you had any traffic violation citations or written letters within the past 5 years? Yes  No   
If yes, list dates and a brief description of the violation:





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**REFERENCES**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes      No  
         

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

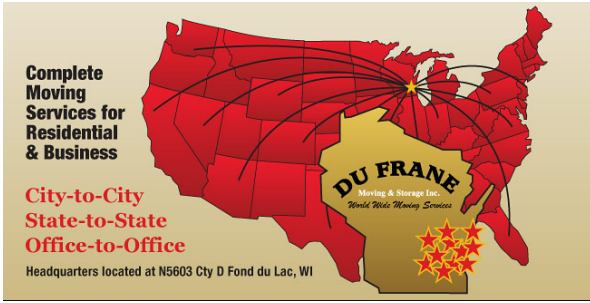
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes      No



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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

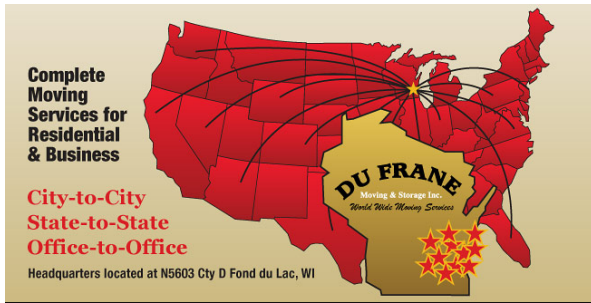
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      Yes      No  
     

If you answered "no" to contacting any previous employer, please explain:

**POSITION SPECIFIC QUALIFICATIONS/SKILLS/CERTIFICATIONS**

Please list the qualifications, experience, etc. that you feel qualifies you for this position.



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### **APPLICANT ACKNOWLEDGEMENT**

*(Please read carefully and sign)*

- I certify that all statements and information contained in this application were made by me and are true, correct and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
- I authorize DuFrane to investigate my responses on this application and to contact all former employers, government agencies or any individuals familiar with me and my employment background or driving record for purposes of verifying any information I have provided or obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me and/or my employment as conditioned by law.
- I understand that upon receiving a job offer, a physical examination and/or drug screening may be required. (Note: If this is a job requirement, you will be notified of this requirement following an offer of employment. Such requirement would have to be successfully completed as a condition of employment.)
- I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.
- I understand that this application for employment shall be considered active for a period of time not to exceed 90 days. If I wish to be considered for employment beyond this time period, it will be necessary for me to complete a new application form.
- Regardless of whether or not I become employed by DuFrane, I recognize that this application process and any offer of employment shall not be considered as a contract of employment. I understand that the terms and conditions of my employment may be changed with or without cause or prior notice at any time. I understand that employment with DuFrane is on an "At Will" basis and that either DuFrane or I can terminate my employment with or without cause and/or notice, at any time, unless I specifically have been or I issued a written employment contract. That no person other than the president has the authority to offer any agreement regarding employment or employment contract. That unless such agreement/contract has been executed in writing to me, by the President, my employment with DuFrane is "At Will" and I in no way bind DuFrane to a contractual agreement regarding permanency of employment.
- I authorize DuFrane to deduct all outstanding personal expenses charged to DuFrane and unearned pay benefits from my paycheck.

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