



706 Bratley Drive, Washburn, WI 54891 | Phone: 715-373-5621 | Fax: 715-373-1006

## Application for Employment

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law.  
***We are an equal opportunity employer.***

### Please Print All Information Requested Except Signature

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

Name: \_\_\_\_\_  
Last first middle initial

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Employment desired:  Full-time  Part-time  On-call

What source led you to make an application with us? \_\_\_\_\_

### Employment History

List your work experience for the **past five years**; present or most recent employer first:

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Your last job title: \_\_\_\_\_ Type of work performed: \_\_\_\_\_

\_\_\_\_\_

Present/last salary: \_\_\_\_\_ Specific reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Your last job title: \_\_\_\_\_ Type or work performed: \_\_\_\_\_

\_\_\_\_\_

Present/last salary: \_\_\_\_\_ Specific reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Your last job title: \_\_\_\_\_ Type of work performed: \_\_\_\_\_

Present/last salary: \_\_\_\_\_ Specific reason for leaving: \_\_\_\_\_

### Education

High School Name: \_\_\_\_\_ City: \_\_\_\_\_

Diploma or GED? \_\_\_\_\_ Major Courses Studied: \_\_\_\_\_

College/University Name: \_\_\_\_\_ City: \_\_\_\_\_

Degree (be specific): \_\_\_\_\_ How long attended: \_\_\_\_\_

Business/Trade School Name: \_\_\_\_\_ City: \_\_\_\_\_

Degree/Certification (be specific): \_\_\_\_\_ How long attended: \_\_\_\_\_

If you served in the United States Armed Forces, briefly describe the skills acquired: \_\_\_\_\_

### Personal Information

Are you legally authorized to work in the U.S.? \_\_\_\_\_ (You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents).

Are you at least 18 years of age? \_\_\_\_\_

Have you ever been charged/convicted of a crime? \_\_\_\_\_ (A conviction does not automatically bar you from employment).

If YES, give details (number and nature of conviction(s), date(s) and type(s) of rehabilitation: \_\_\_\_\_

Do you have any other skills you wish to mention: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

If hired, when would you be available? \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

**References - Previous Supervisors or co-workers only; please, no friends or family members.**

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

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

**I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, a drug testing may be included as part of the regular pre-employment physical. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.**

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