



# APPLICATION FOR EMPLOYMENT

PLEASE CIRCLE LOCATION PREFERENCE

N4399 Hwy 175 South  
Fond du Lac, WI 54937  
(920) 922-4790

W3639 Hwy H  
Chilton, WI 53014  
(920) 849-9361

Qualified applicants receive equal consideration. No inquiry is made 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.**

<b>(Please Print and Answer All Questions)</b>			DATE: _____
↑ (Last Name)	↑ (First Name)	(Initial)	↑ (Area code and telephone no.)
↑ (Street Address)	↑ (City)	↑ (State)	↑ (Zip)
↑ Alternate Daytime Phone No.	↑ (Social Security No.)	↑ (Other Name used in past employment/Education records)	

POSITION APPLIED FOR: \_\_\_\_\_ DESIRED PAY RATE:\$ \_\_\_\_\_

Type of employment for which you are applying: Full-Time_____ Part-Time_____ Temporary_____
Currently employed?____Date Available:_____Shifts willing to work: 1st____ 2nd____ 3rd____ Flexible_____
Are you willing to work overtime? Saturdays_____ Sundays_____ Holidays_____ Daily_____
Have you been previously employed by this company? Yes____ No____ If yes, when?_____
What equipment can you operate?_____

**EDUCATION: (LIST HIGHEST LEVEL FIRST)**

SCHOOL NAME	LOCATION	MAJOR	DID YOU GRADUATE?	DEGREE/G.P.A.

List any job related courses, seminars, specialized training, or personal accomplishments which you believe may be any indication of you professional abilities: \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes_____ No_____
NOTE: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? Yes_____ No_____
How did you learn of this opening? _____
A TRUTHFUL ANSWER TO THE FOLLOWING QUESTION WILL NOT BAR CONSIDERATION FOR EMPLOYMENT.
Have you ever been convicted of a felony? Yes_____ No_____ If "Yes" state where, when and nature of the offense. This information will be reviewed in light of the duties related to the job sought _____

If you served in the U.S. Armed Forces, list any skills acquired: \_\_\_\_\_

**EMPLOYMENT HISTORY (Account for all time periods, use extra sheet if necessary, most recent first)**

↑(Company)	↑(City, State, Telephone )	↑(Type of Business)		
↑(Position)	↑(Hours per Week)	↑(Department)	↑(Supervisor's Name)	
↑(Starting Date)	↑(Starting Salary)	↑(Date Left)	↑(Last Salary)	↑(Reason For Leaving)

↑(Duties And Major Accomplishments)

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↑(Duties And Major Accomplishments)

**REFERENCES (List three below, preferably business)**

Name in Full	Telephone Number	Firm Name/Years Known	Business Address

**READ CAREFULLY BEFORE SIGNING**

I certify that the above information is true and complete to the best of my knowledge, without omission of any consequence. I agree that any misrepresentation, false statement, or omission, made by me with respect to the information contained in this application or subsequent physical examination/medical history shall be sufficient cause to terminate my employment. I agree that any offer of employment, and acceptance thereof, does not constitute a binding contract of any length, and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of the employer or myself. Permission is hereby granted to obtain verification of the statements made herein and to obtain references. I authorize the references and former employers listed herein to release any and all information concerning my previous employment and any information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information. Should my services terminate after accepting employment, it is understood that the company may supply to any prospective employer my records, with no liability attaching to the company or any of its representatives. I also recognize that I may be asked to submit to a drug test/ physical examination. I agree to conform to the rules and regulations as set forth by this organization.

READ AND UNDERSTOOD: \_\_\_\_\_

DATE: \_\_\_\_\_

(SIGNATURE OF APPLICANT)