Application for Employment

It is the policy of this Company to comply with all applicable local, state, and federal laws prohibiting discrimination based on actual or perceived race, ancestry, citizenship status, creed, gender, gender identity, sexual orientation, pregnancy, childbirth or related conditions, veteran status, marital status, genetic testing, age, color, sex, religion, national origin, disability, arrest and/or conviction records where there is no substantial relationship between the circumstances of the offense and the particular job, honesty testing, use or nonuse of lawful products off the employer's premises during non-working hours, or any other protected classifications.

Date	_	
Last name	First name	Middle name
Street Address		
	State ZIP	
Telephone	Social Security #	
Email		
	ized to work in the U.S. without restriction	on? 🗆 Yes 📮 No
Are you looking for ful	ll-time employment? 🗖 Yes 📮 No	
If you checked "No" at	bove, what hours are you available to wo	ork?
considered if the offens		ase note, any information provided will only band responsibilities of the position being applie
	above, please list each felony conviction	and describe the circumstances of each:
Employment Desired		
Position applied for		
How did you hear of th	nis opening?	
Have you ever previou	sly applied for employment here? 🗖 Yes	s 🖵 No
When?	Where?	
	eviously employed by this company? \Box	
When?	Where?	
Are you presently emp		
May we contact your p	resent employer? 🗖 Yes 📮 No	
Do you live within dail	ly driving distance or will you relocate to	the Gillett WI area? DVes DNo

Earliest Date you can star	rt					
Desired starting salary						
	ls_					
Education						
School Name and Location	on		Years Attended	Major	Degree	
High School						
	history, are there are other					nsider
	honors received and office ue education in the future ourses of study?			lucation?	☐ Yes ☐ No	
Employment History	(Start with most rec	ent employer)				
Company Name						
Date Started	Starting Wage	Startin	ng Position			
Date Ended	Ending Wage	Ending	g Position _			
Name of Supervisor						
May we contact? ☐ Yes	□ No					
Responsibilities						
Reason for leaving						

		Telephone	
		Starting Position	
		Ending Position	
	2namg ugt		
May we contact? \square Y			
•			
Reason for leaving			
Company Name			
		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor _			
May we contact? \square Y	es □ No		
Responsibilities			
Reason for leaving			
Company Name			
		Starting Position	
		Ending Position	· · · · · · · · · · · · · · · · · · ·
May we contact? \square Y			
Responsibilities			
Reason for leaving			

Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? □	Yes □ No	
Responsibilities		
Reason for leaving _		
Company Name		
		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? □	Yes □ No	
Responsibilities		
Reason for leaving		
0 _		
References		
List three personal re	ferences, not related to you, who	have known you for more than one year.
Name	Phone	Years Known
Address		
		Years Known
Address		
Name	Phone	Years Known
Address		
Emergency Contact		
In case of emergency	y, please notify:	
Name	Phone	Relationship
Address		
		Relationship
Address		

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States. I have received from the company a list of the approved documents that are required.

I acknowledge and understand that this company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as this company may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

I hereby acknowledge that I have read and understand the above statements.		
Signature	Date	