APPLICATION FOR EMPLOYMENT



P.O. Box 635 10400 N Enterprise Drive Mequon, WI 53092

An Equal Opportunity Employer

Date:

Please print in ink and complete the entire application.

APPLICANT INFORMATION				
Name:				Cell Phone:
Street Address:				Home Phone:
City: State: Zip: Email:			Email:	
Are there other names under which you have worked or attended school? yes no If yes, please list for reference checking purposes:				
Are you legally authorized to work the U.S.? yes no (If hired you will be required to provide proof of work authorization)				
Are you at least 18 years old? yes no (If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and you must have obtained a valid work permit.)				
Have you ever applied at this company before? yesHave you ever worked for this company before? yesHave you ever worked for this company before? yes				
Position applying for:	Position applying for: Date available for work:			
Part-time Full-time Salary Preference: \$ Sh		Shift Preference: Fin	rst Second	
How were you referred to the company? Friend/Relative: Other: Agency Walk-in Valk-in Newspaper School Online/Internet				
Number of days absent from work or school in the past 12 months?				
SPECIAL SKILLS				
If relevant, please describe word processing speed, software knowledge, and office equipment experience.				
If relevant, please describe experience using manufacturing machines and equipment.				

EDUCATION INFORMATION					
Level	Name and Location (City, State)	# Years Attended	Major Subjects	Diploma/Degree Received	
High					
College					
Graduate					
Other (specify)					
EMPLOY	MENT HISTORY				
Name of En	nployer:		Phone:		
Address:					
Job Title:			Employme	Employment Dates (month & year):	
Immediate	Supervisor:				
Description	of duties:				
Salary start:	Salary end:		Reason for	r leaving:	
If currently	alary start: Salary end: Reason for leaving: currently employed, may we contact as a reference? yes no ame of Employer: Phone:				
Name of En	nployer:		Phone:	Phone:	
Address:					
Job Title:		Employme	Employment Dates (month & year):		
Immediate Supervisor:					
Description	of duties:				
Salary start:	Salary start: Salary end: Reason for leaving:				
If currently	employed, may we contact as a reference?	yes no			
Name of En	nployer:		Phone:	Phone:	
Address:			· ·		
Job Title:		Employme	Employment Dates (month & year):		
Immediate	Supervisor:				
Description of duties:					
Salary start:	Salary end:		Reason for	r leaving:	
If currently	If currently employed, may we contact as a reference? yes no				
Name of En	nployer:		Phone:		
Address:					
Job Title:			Employme	ent Dates (month & year):	
Immediate Supervisor:					
Description of duties:					
Salary start:	Salary end:		Reason for	r leaving:	
If currently	employed, may we contact as a reference?	yes no			

EMPLOYMENT REFERENCES				
Name:	Home Phone: Cell Phone:			
Address:				
elationship: Known how long?				
Name:	Home Phone: Cell Phone:			
Address:				
Relationship:	Known how long?			
Name:	Home Phone: Cell Phone:			
Address:				
Relationship:	Known how long?			

Please read carefully before signing this form.

- 1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause of subsequent dismissal if I am hired.
- 2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individual familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of 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 or my employment.
- 3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: if this is a job requirement, you will be notified.)
- 4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at will bases and that employment may be terminated with our without cause, and without notice, at any time, at my option of the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Clanad by applicant	Data	
Signed by applicant	Date	
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Thank you for your interest in our company.

CRIMINAL HISTORY		
Have you ever been convicted (i.e. found guilty) of a misdemeand If yes, state 1) date, 2) place, and 3) nature of each conviction		
Do you have any pending criminal charges against you? <i>If yes, state 1) date, 2) place, and 3) nature of each charge.</i>	yes	no

PRE EMPLOYMENT AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and complete to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authroize my former employer, person, firm, corporation, organization, school, or government agency, its officers, employees, and agents to release all information concerning my former employment, and to release requested academic records and public record information to said prospective employers, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of this employer. I understand the eomployment information may include but is not necessarily limited to performance evaluations, reports, job descriptions, disciplicary reports, letters of reprimand, options, and public record information, regarding my suitability for employment possessed by it. I recognize a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school, or government agency, its officers, employees, and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent dislosing such facts knows are untrue.

Candidate's signature		Date	Witness' signature	Date
Print candidate's name		Date	_	
or reference check purp	oses only, compl	ete the follow inform	ation. (please print)	
1. May your CURRENT su department) be contacte		reference or individuals no	associated with your CURRENT emp	oloyer (including Human Resources
2. For purposes of a crimi	nal background che	ck, please provide:		
a. Name (First, Mi	ddle, Last):			
b. Any FORMER o	r ALTERNATE name	s such as change of last	name, and/or use of assumed name	or nickname:
c. Sex:	male ferr	ale		
d. Race:				
e. Date of Birth (d	d/dd/yy):			
f. Social Security	Number:			