



6240 N. Port Washington Rd
 Glendale, WI 53217
 phone: 414.961.1143
 fax: 414.961.7231

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response be used in violation of any such law.

Position Desired: _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency
 Other: _____

Full Name: _____

Email: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please **circle** the appropriate answer(s) for each below

Have you filed an application here before? **Yes No** Are you employed now? **Yes No**

May we contact your present employer? **Yes No**

If hired, can you provide proof you are legally entitled to work in the United States? **Yes No**

On what date would you be available to work? _____

Are you available to work **Full Time Part Time Shift Work Temporary**

Do you have a valid Driver's License? **Yes No**

Have you been convicted of a felony within the last 7 years? **Yes No**

If yes, please explain. (Conviction will not necessarily disqualify applicant from employment)

PERSONAL REFERENCES

Give the name, address, and telephone number of three references who are not related to you and are not previous employers.

Name and Occupation	Address	Phone Number

EDUCATION

	Elementary	Highschool	College	Graduate
School Name				
Years Completed				
Diploma/Degree				
Course of Study				
Describe Specialized Training Apprenticeship Skills, & Extra-Curricular Activities				

Honors Received: _____

State any other information you feel may be helpful to us in considering your application:

SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience such as specific office skills, machines used, etc.

EMPLOYMENT HISTORY

Employer: _____

Job Title & Work Performed:

Address: _____

Telephone: _____

Supervisor Reason for Leaving: _____

Dates Employed: from: _____ to: _____ Hourly Rate/Salary: starting: _____ final: _____

Employer: _____

Job Title & Work Performed:

Address: _____

Telephone: _____

Supervisor Reason for Leaving: _____

Dates Employed: from: _____ to: _____ Hourly Rate/Salary: starting: _____ final: _____

Employer: _____

Job Title & Work Performed:

Address: _____

Telephone: _____

Supervisor Reason for Leaving: _____

Dates Employed: from: _____ to: _____ Hourly Rate/Salary: starting: _____ final: _____

APPLICANT'S STATEMENT:

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing. I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. I further understand said background check may also involve the Company's obtaining an investigative consumer report on me which may cover such areas as my character and general reputation. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

Applicant's Signature: _____

Date: _____