

Please Fax this application to 262-790-8553

# Employment Application

We are an Equal Opportunity Employer

Please print in ink. You must complete entire application

Date:

## Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Day Telephone  
( )

Social Security #

Evening Telephone  
( )

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 in 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 have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?  Yes  No If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)

Do you have any *pending* criminal charges against you?  Yes  No  
If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this company before?  
 Yes  No If yes, when:

Have you ever worked at this company before?  
 Yes  No If yes, when:

**Position Applying For**

**Part-Time or Full-Time Desired**

**Salary Preference**

**Shift Preference**

When can you start?

How were you referred to the company?  Agency  Walk-in  Friend/Relative \_\_\_\_\_  
 Newspaper  School  Other \_\_\_\_\_

## Special Skills

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

## Education

School	Name and Location (city, state)	No. Years Attended	Major subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

## Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

## Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

1) driver's license number \_\_\_\_\_ 2) state issued \_\_\_\_\_

Are you licensed with any group, association or society relating to the job for which you are applying?    Yes    No

Registration or License Number	State Issued	Expiration Date

## Employment History (start with most recent; use separate sheet if necessary)

Name of Employer		Telephone (     )	
Address			
Job Title		Employment Dates (month and year)	
Name of Immediate Supervisor		From	To
Description of Duties			
Salary — start	Salary — end	Reason for Leaving	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer		Telephone (     )	
Address			
Job Title		Employment Dates (month and year)	
Name of Immediate Supervisor		From	To
Description of Duties			
Salary — start	Salary — end	Reason for Leaving	
Name of Employer		Telephone (     )	
Address			
Job Title		Employment Dates (month and year)	
Name of Immediate Supervisor		From	To
Description of Duties			
Salary — start	Salary — end	Reason for Leaving	
Name of Employer		Telephone (     )	
Address			
Job Title		Employment Dates (month and year)	
Name of Immediate Supervisor		From	To
Description of Duties			
Salary — start	Salary — end	Reason for Leaving	

## Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Day Telephone (     )
	Evening Telephone (     )
Address	
Relationship	How long known?
Name	Day Telephone (     )
	Evening Telephone (     )
Address	
Relationship	How long known?
Name	Day Telephone (     )
	Evening Telephone (     )
Address	
Relationship	How long known?

### Please Read Carefully Before Signing This Form

- 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 for subsequent dismissal if I am hired.
- I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals 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.
- 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.)
- 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 basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or 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.

Signed by Applicant \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for your interest in our company.***

# RACE IDENTIFICATION

Respondents should be offered the option of selecting one or more racial designations

1.) **WHITE**

A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

2.) **BLACK or AFRICAN AMERICAN**

A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

3.) **ASIAN**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

4.) **AMERICAN INDIAN/ALASKA NATIVE**

A person having origins in any of the original peoples of North *and* South America (including Central America), and who maintains tribal affiliation or community attachment.

5.) **HISPANIC or LATINO (All Races)**

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

6.) **HISPANIC or LATINO (White Race Only)**

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race, and of the White Race.

7.) **HISPANIC or LATINO (All Other Races)**

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, and of any race other than White.

8.) **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

9.) **MISSING RACE or UNKNOWN**

Applies to *APPLICANTS ONLY*, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant

# Invitation to Identify for Affirmative Action Purposes

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**PLEASE CHECK ONE:**

- Male  Female

**INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Hispanic or Latino (All Races)       |
| <input type="checkbox"/> Black/African American            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino (White Race Only) |
| <input type="checkbox"/> American Indian or Alaskan Native |  | <input type="checkbox"/> Hispanic or Latino (All Other Races) |

**HOW WERE YOU REFERRED TO THIS JOB:**

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> School/College                |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> State Job Service             |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Temporary Agency              |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Walk In                       |
| <input type="checkbox"/> Recruiter         | <input type="checkbox"/> Other (Please Specify): _____ |