



Application for Employment



1510 N. Hastings Way
Eau Claire, WI 54703
(715) 835-4334 - FAX (715) 835-4356
Toll Free 1-800-533-0909

Name _____ **Social Security #** _____
 Last First M.I.

Address _____
 Street City State Zip Code

Phone # () _____ **Cell #** () _____ **E-mail** _____

Position Applied For _____ **Date of Application** _____

If you are under 18, can you furnish a work permit? . . . YES NO
 If no explain _____

Have you submitted an application here before? YES NO
 If yes give date and position _____

Have you ever been employed here before? YES NO
 If yes give date and position _____

Are you legally eligible for employment in this country? YES NO

Date Available for work _____

What is your desired salary range or hourly rate of pay?
 \$ _____ Per _____

Type of employment desired: Full-Time Part-Time Educational Co-op
 Seasonal Temporary

Will you relocate if job requires it? YES NO Will you travel if job requires it? YES NO

If the hours have been explained to you, are you able to meet those attendance requirements? YES NO

Will you work overtime if required? YES NO
 If no explain _____

Military: Not Applicable List Service _____ From: _____ To: _____
 Rank: _____ Military Experience that may be applicable _____

Driver's license number: _____

Have you ever been bonded? YES NO

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? YES NO

Answering "yes" to the above question does not constitute an automatic bar for employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes provide date and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates Employed	to
Street Address	City State Zip Code	Compensation Starting	
		Hourly / Salary	\$ Per
Starting job title / Final job title		Commissions/Bonus/Other	
Immediate Supervisor and title	May we contact for a reference? ___ Yes ___ No ___ Later	Compensation Starting	
		Hourly / Salary	\$ Per
Why did you leave?		Commissions/Bonus/Other	
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were things you liked least about the position?			

Employer	Telephone # ()	Dates Employed	to
Street Address	City State Zip Code	Compensation Starting	
		Hourly / Salary	\$ Per
Starting job title / Final job title		Commissions/Bonus/Other	
Immediate Supervisor and title	May we contact for a reference? ___ Yes ___ No ___ Later	Compensation Starting	
		Hourly / Salary	\$ Per
Why did you leave?		Commissions/Bonus/Other	
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were things you liked least about the position?			

Employer	Telephone # ()	Dates Employed	to
Street Address	City State Zip Code	Compensation Starting	
		Hourly / Salary	\$ Per
Starting job title / Final job title		Commissions/Bonus/Other	
Immediate Supervisor and title	May we contact for a reference? ___ Yes ___ No ___ Later	Compensation Starting	
		Hourly / Salary	\$ Per
Why did you leave?		Commissions/Bonus/Other	
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were things you liked least about the position?			

Employer	Telephone # ()	Dates Employed	to
Street Address	City State Zip Code	Compensation Starting	
		Hourly / Salary	\$ Per
Starting job title / Final job title		Commissions/Bonus/Other	
Immediate Supervisor and title	May we contact for a reference? ___ Yes ___ No ___ Later	Compensation Starting	
		Hourly / Salary	\$ Per
Why did you leave?		Commissions/Bonus/Other	
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were things you liked least about the position?			

Employment History (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? YES NO

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing. _____ <input type="checkbox"/> Spreadsheet. _____ <input type="checkbox"/> Presentation. _____ <input type="checkbox"/> E-mail. _____	<input type="checkbox"/> Internet ... _____ <input type="checkbox"/> Other ... _____ <input type="checkbox"/> Other ... _____ <input type="checkbox"/> Other ... _____
--	---

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA	Major/Minor
		___ Diploma ___ GED		
		___ Degree ___ Other ..		
		___ Certification		
		___ Diploma ___ GED		
		___ Degree ___ Other ..		
		___ Certification		
		___ Diploma ___ GED		
		___ Degree ___ Other ..		
		___ Certification		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	# of Years Known
			()	
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain _____

Is there any other job-related information you want us to know about you? _____

Have you had any previous injuries? YES NO *If yes, please explain* _____

Do you have any physical limitations that would apply in the position for which you are applying for? YES NO

If yes, please explain _____

Are you on any medications, or have any health concerns that would apply in the position for which you are applying for?

YES NO *If yes, please explain* _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that this application does not constitute an agreement or contract for employment for any specified, or definite duration

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the U.S. and that federal immigration laws require me to an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date: