

W136 N4901 Campbell Dr., Menomonee Falls, WI 53051 We are an Equal Opportunity Employer

Application for Employ	ment Date:
Candidate's Name (first, middle, last	:):
Address:	
Telephone Number:	
Social Security Number:	
Are you 18 years of age or older? ☐ Yes ☐ No	
Are you legally authorized to work i ☐ Yes ☐ No	n the U.S.?
Have you ever worked or attended so	chool under another name? If so, under what name?
	rime or pleaded no contest for any offense other than minor If yes, please explain the nature of the crime and date of automatic bar to employment)
	harges against you? Yes No If yes, please describe sued:
Position Desired	
Position:	Start date available:

Wage rate desired: \$	Hourly Monthly A	Annually
Do you prefer: Full-time Part-tir	me If part-time, hours per we	ek desired:
Hours you are available to work:		
Days of week you are available to work	:	
Have you previously worked for Yes Econof employment: from to _		
Have you ever applied for a position at t	this company before? Yes	□ No
How did you learn about this opening?		
Education		
High School:	Graduated? ☐ Yes ☐ No	Course of Study:
Technical School:	Graduated? ☐ Yes ☐ No	Course of Study:
College/University:	Graduated? ☐ Yes ☐ No	Course of Study:
Post-Graduate Education:	Graduated? ☐ Yes ☐ No	Course of Study:
Other education, training or special sk	rills:	
Skills		
Typing speed (WPM):		
Are you experienced in using personal c	-	
Are there any other programs you are caposition you are applying for?	ipable of using that you think	are applicable to the

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.					
Employer:		Address:			
From To	Position Held:		Reason for Leaving:		
Supervisor's Name & Title:		May we contact? ☐ Yes ☐ No			
Description of Duties:					
Starting Compensation:		Final Compensation:			
Employer:	Address:				
From To	Position Held:		Reason for Leaving:		
Supervisor's Name & Title:			May we contact? ☐ Yes ☐ No		
Description of Duties:					
Starting Compensation:		Final Compensation:			
Employer:		Address:			
From To	Position Held:		Reason for Leaving:		
Supervisor's Name & Title:		May we contact? ☐ Yes ☐ No			
Description of Duties:					
Starting Compensation:		Final Compensation:			

Name:	Phone Number:		Email:
Address:		City, State, Zip:	
Relationship:		Years K	Known:
Name:	Phone Number:		Email:
Address:		City, State, Zip:	
Relationship:		Years k	Known:
Name:	Phone Number:		Email:
Address:		City, State, Zip:	
Relationship:		Years K	Known:
	otor vehicle for the job you arer:		
I affirm that the information requested. I understand tapplication is grounds for information in this application in this application in the application in the application in the application in the application of the company any other information I lasted to disclose any information them, without giving my former employers and the application in the app	Acknowledgements tion I have provided in this a and belief, and I have not kr that withholding or misstatin or rejection of my application cation is grounds for dischar to verify my references, receive provided. Unless others formation related to my work and me prior notice of such dischard and all other persons and entity or in any way related to such	nowingly withheld a g any information r n, and that providing ge. ord of employment, wise noted, I authoric record and my prosclosure. In additionies, from any and al	equested in this g false or misleading education record, and ize the references I have fessional experiences a, I release the company I claims, demands or
Candidate's Signature			