

At-Will Employment Application

An Equal Employment Opportunity Employer

PO Box 409 Menomonie, WI 54751 P:715-643-2615 F:715-643-2618

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally projected status.

Position Applied For:		Date of Applicati	on:				
Last Name		First Name			Middle Nai	me	
Address		City			State	Zip Code	
Telephone Number (s)					Social Security Number		
Do you have a valid drivers license?		Drivers License Number			Class of License	State Issued	
Are you a citizen of the USA or have (proof of citizenship or immigration Have you ever applied with us before the control of	n status w	ill be required upo			Are you available to work? Hours available to work	Full /Part Time	
Are you currently employed? Y or N		May we contact your present employer? Y / N			Are you currently on "lay-off" status and subject to recall?		
On what date would you be available to work					Do you have dependable transportation to and from work?		
Have you been convicted of a felor explain.			(Conviction	ns will not dis	qualify an application from emp	oloyment.) If Yes, please	
Education	Nar	ne & Address of School	Course	of Study	Years Completed	Diploma Degree	
High School							
Undergraduate College							
Graduated Professional							
Other (Specify)							
Additional Information: State a limitations you may have that we ment or other experience.							
How did you learn about us? Advertisement Walk-in	Emple	oyment Agency	Friend/Relative	Online A	.d	Other	

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer 1		Dates	Employed	Worked performed
Address		From	То	
Telephone Number (s)		Hourly Rat	e/Salary	
Job Title	Supervisor	Starting Pay	Ending Pay	
Employer 2		Dates	Employed	Worked performed
Address		From	То	
Telephone Number (s)		Hourly Rat	e/Salary	
Job Title	Supervisor	Starting Pay	Ending Pay	
Employer 3		Dates	Employed	Worked performed
Address		From	То	
Telephone Number (s)		Hourly Rat	e/Salary	
Job Title	Supervisor	Starting Pay	Ending Pay	
Employer 4		Dates	Employed	Worked performed
Address		From	То	
Telephone Number (s)		Hourly Rat	e/Salary	
	Supervisor	Starting Pay	Ending Pay	

References

	Name	Address	Phone
1.			
2.			
3.			
4.			

Applicant's Statement

I certify that answers 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause, and without prior notice, at the option of either myself or the organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

nderstand that I am required to abide by all rules and regulat	ions of the employer.
Signature of Applicant	 Date