



201 N. Main St., Ste. 5
Fort Atkinson, WI 53538
920-568-3130

APPLICATION FOR EMPLOYMENT

We are a Equal Opportunity Employer

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

(Please Print)

Position(s) Applied For:

Date of Application

How Did You Learn About Us?

- Advertisement
- Employment Agency

- Relative
- Friend

- Inquiry
- Other _____

Last Name

First Name

Middle Name

Address

Street

City

State

Zip Code

Home Number

Alternate Phone

Best Time to Contact You: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

- Yes
- No

Have you ever filed an application with us before?

- Yes
- No

Do any of your friends or relatives work here?

- Yes
- No

Are you currently employed?

- Yes
- No

May we contact your present employer?

- Yes
- No

Date Available for Work ___/___/___

Salary Expectations _____

Type of Work Desired: Full Time Part Time Temporary

Can you Travel if a Job requires it? Yes No

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe and job-related training received in the United States Military.

Employment Experience

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

Employer	Date Employed From	Date Employed To	Work Performed
Address			
Phone Number(s)	Hourly Rate	Salary	
Job Title			
Supervisor			
Reason for Leaving			
Employer	Date Employed From	Date Employed To	Work Performed
Address			
Phone Number(s)	Hourly Rate	Salary	
Job Title			
Supervisor			
Reason for Leaving			
Employer	Date Employed From	Date Employed To	Work Performed
Address			
Phone Number(s)	Hourly Rate	Salary	
Job Title			
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete.

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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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 employer.

Signature of Applicant

Date