

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date

Social Security #

NAME

Last

First

Middle

PRESENT ADDRESS

Street

City

State

Zip Code

PERMANENT ADDRESS

Street

City

State

Zip Code

PHONE NUMBER

EMAIL

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EDUCATION

	Name and Location of School	Graduated		Major Subjects	Grades
		Yes	No		
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE/BUSINESS/CORRESPONDANCE SCHOOL					

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

ACTIVITIES: CIVIC, ATHLETIC, ETC.

FORMER EMPLOYERS (List below last four employers, beginning with present or most recent.)

DATE MONTH AND YEAR	NAME, ADDRESS, PHONE NUMBER	SALARY	TITLE OR POSITION	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES (Give the names of three persons not related to you, whom you have known at least one year.)

NAME	ADDRESS AND PHONE NUMBER	BUSINESS HOW ACQUAINTED	YEARS ACQUAINTED

IN CASE OF
EMERGENCY NOTIFY _____

Name

Address

Phone

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my participation is for no definite period of time and may be terminated at anytime without previous notice.

SIGNATURE _____

DATE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

DATE _____

REMARKS:

645 N. Janacek Road
Brookfield, WI 53045

Phone: 262-796-3788
FAX: 262-796-0339



EMPLOYMENT FORM

Employee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ home _____ cell

Date of Birth: _____

Social Security Number: _____

Drivers License Number: _____

In case of emergency, please contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ home/cell _____ work

Relationship: _____

FOR OFFICE USE ONLY

Employee No. _____

Entered Payroll System: _____

Department: _____

Job Position/Title: _____

Status: _____ Full Time _____ Part Time _____ Seasonal

Date Hired: _____

First Day of Actual Work: _____

Rate of Pay Upon Hiring: _____

Signature of Department Head: _____

Date: _____