

**APPLICATION FOR EMPLOYMENT**

**Moose Family Center 1572 – Stevens Point WI**

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

(Please Print)

How did you learn about us?

Advertisement \_\_\_ Employment Agency \_\_\_ Friend or Relative \_\_\_ Walk-In \_\_\_ Internet \_\_\_ Other \_\_\_

I.

Last Name      First Name      Middle Name

\_\_\_\_\_

Address: Number Street City State Zip Code

\_\_\_\_\_

Telephone Number(s) Best time to Contact

\_\_\_\_\_AM/PM

If You are under 18 years of age, can you provide proof of your eligibility to work Yes / No

Have you ever filed an application with us before? Yes / No

If Yes, give date: \_\_\_/\_\_\_/\_\_\_\_\_

Have you ever been employed with us before? Yes / No

If Yes, give dates: \_\_\_/\_\_\_/\_\_\_\_\_

Are you currently employed? Yes / No

May we contact your present employer? Yes / No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
Yes / No

On what date would you be available for work?,

Do you have reliable transportation to meet any scheduled shift? Yes / No

Are you currently on "layoff" status and subject to recall? Yes / NO

Have you been convicted of any crimes within the last 7 years? (Include traffic) Yes / No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Position Applied for \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## Employment Experience

II. 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: _____ Dates Employed - To: __/__/__ From: __/__/__
Address: _____
Telephone Number(s) (____) ____ - ____ ; (____) ____ - ____ Cell if Available: (____) ____ - ____
Supervisor: _____ Job Title: _____
Work Performed: _____ _____
Starting Final Hourly Rate/Salary \$____.____ ; Salary \$____.____
Reason for Leaving: _____ _____ _____

Employer: _____ Dates Employed - To: __/__/__ From: __/__/__
Address: _____
Telephone Number(s) (____) ____ - ____ ; (____) ____ - ____ Cell if Available: (____) ____ - ____
Supervisor: _____ Job Title: _____
Work Performed: _____ _____
Starting Final Hourly Rate/Salary \$____.____ ; Salary \$____.____
Reason for Leaving: _____ _____ _____

Employer: _____ Dates Employed - To: __/__/__ From: __/__/__
Address: _____
Telephone Number(s) (____) ____ - ____ ; (____) ____ - ____ Cell if Available: (____) ____ - ____
Supervisor: _____ Job Title: _____
Work Performed: _____ _____
Starting Final Hourly Rate/Salary \$____.____ ; Salary \$____.____
Reason for Leaving: _____ _____ _____

Can you perform all of the essential duties of the job to which you are applying with or without accommodations? If you would require an accommodation, please specify: \_\_\_\_\_

References (not relatives)

1

Name: \_\_\_\_\_ Phone Number(s) : (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

2

Name: \_\_\_\_\_ Phone Number(s) : (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

3

Name: \_\_\_\_\_ Phone Number(s) : (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

4

Name: \_\_\_\_\_ Phone Number(s) : (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Certification of information accuracy and correctness**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that as part of the processing procedure for my employment application an investigative report regarding my criminal record, including misdemeanors and traffic violations, may be completed.

I also understand that if I am denied a job based on information included in that report, I will be supplied with a copy of that report.

I hereby understand and acknowledge that unless otherwise denied by applicable law, employment with this organization would be 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that as a condition of employment, I may have to undergo a drug/alcohol test and physical examination.

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 period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_.

\*Birthdate: \_\_/\_\_/\_\_\_\_ \*SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

\* Information used only to verify licensing and investigative purposes only.