

WIEDMEYER SERVICE CENTER

3462 Town Hall Rd., Kewaskum, WI 53040

262-334-1413. Fax 262-334-4216

Employment Application - Position applied for: _____

Driver's License Number: _____ Expires: _____

APPLICANT INFORMATION

Last Name: _____ First _____ M.I. _____ Date _____

Street Address: _____ Apt./Unit# _____

City: _____ State _____ Zip _____

Phone: _____ E-mail Address _____

Date Available: _____ Social Security No. _____ Desired Salary _____

Position Applied for: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain _____

EDUCATION

High School _____ Address _____

From _____ To _____ Did you graduate? Yes No Degree _____

College _____ Address _____

From _____ To _____ Did you graduate? Yes No Degree _____

Other _____ Address _____

From _____ To _____ Did you graduate? Yes No Degree _____

REFERENCES

Please list three professional references _____

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

PREVIOUS EMPLOYMENT

Company _____ Phone (_____) _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous employer? Yes No

Company _____ Phone (_____) _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous employer? Yes No

Company _____ Phone (_____) _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

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Company _____ Phone (_____) _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous employer? Yes No

MILITARY SERVICE

Branch _____ From _____ To _____
Rank at Discharge _____ Type of Discharge _____
If other than Honorable, explain _____

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

**PRE-EMPLOYMENT DRUG / ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath and/or blood for analysis, as shall be determined by Wiedmeyer Service Center in order to meet with their policy regarding the selection of applicants of employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application if employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature _____

PRE-EMPLOYMENT AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, organization, school, or government agency, its officers, employees, and agents to release all information concerning my former employment, to this prospective employer, its officers, employees and agents, or any other person or entity making a written oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

_____	_____	_____
Candidate's Signature	Date	Address
_____	_____	_____
Print Candidate's Name		City, State, Zip Code

For reference checking purposes only, complete the following information: (please print)

1. May your CURRENT supervisor, and/or any references or individuals associated with your CURRENT employer (including Human Resource department) be contacted?

Yes No Specific Comments: _____

2. Provide Social Security Number, required to obtain academic verifications: _____

3. Provide and FORMER or ALTERNATE NAME(S) such as change of last name, and/or use of assumed last name Or nickname in order to locate your employment and/or school records.

4. Provide NAME, CITY & STATE, ALL phone numbers AND dates of attendance OR graduation from:

High School _____ Technical School _____

College _____ Other _____

5. Note: Answer this question ONLY if instructed by the hiring employer. This information is required to conduct a criminal record check.

Date of Birth: _____

6. Note: Answer this question ONLY if instructed by the hiring employer. This information is required to conduct a driver's license check.

Driver's License No _____ State _____

I certify that I have not purposely withheld any information that might adversely affect my chances for Hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

_____ I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

_____ I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

_____ **Applicant's Signature:** _____

Date: _____