

APPLICATION FOR EMPLOYMENT

Unlimited Services

PO Box 170 - 170 Evergreen Road

Oconto, WI 54153

Phone: 920-834-4418 Fax: 920-834-4828

Email: hr@us-wire-harness.com

www.us-wire-harness.com

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION:

NAME (last) _____ (first) _____ (middle) _____

PRESENT ADDRESS:

(street) _____ (city) _____ (state) _____ (zip) _____

PERMANENT ADDRESS:

(street) _____ (city) _____ (state) _____ (zip) _____

PHONE NUMBER: _____ EMAIL: _____

ARE YOU 18 YEARS OR OLDER? _____ IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES _____ NO _____
(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.)

EMPLOYMENT DESIRED:

POSITION _____ SHIFT DESIRED _____

DATE AVAILABLE FOR FULL TIME WORK _____ WILL YOU WORK OVERTIME IF REQUIRED? _____

ARE YOU EMPLOYED NOW? _____ ARE YOU ON LAY-OFF & SUBJECT TO RECALL? _____

EVER EMPLOYED BY THIS COMPANY BEFORE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
TECHNICAL VOCATIONAL OR BUSINESS TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS				

GENERAL:

SPECIAL BACKGROUND THAT IS RELEVANT TO THE POSITION APPLIED FOR: _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? _____

(Such conviction may be relevant if job related, but does not bar you from employment.)

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS: List below last three employers, starting with the last one first.

DATE MONTH & YEAR <small>(Most recent position first)</small>	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	POSITION HELD	REASON FOR LEAVING
FROM: TO: FINAL SALARY:	SUPERVISOR:		
FROM: TO: FINAL SALARY:	SUPERVISOR:		
FROM: TO: FINAL SALARY:	SUPERVISOR:		

Initials

- _____ It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from Unlimited Services if I have been employed.
- _____ **This application is current for only 30 days. At the conclusion of this time, if I have not heard from Unlimited Services and still wish to be considered for employment, it will be necessary to fill out a new application.**
- _____ I give Unlimited Services the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Unlimited Services and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- _____ Unlimited Services is an Equal Opportunity Employer. Unlimited Services does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- _____ I understand it is the policy of Unlimited Services not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.
- _____ I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment. I agree to consent to take such test as designated by Unlimited Services and to release Unlimited Services, its directors, officers, agents or employees from any claim arising in connection with use of such test.
- _____ I understand that just as I am free to resign at any time, Unlimited Services reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Unlimited Services has the authority to make any assurances to the contrary.

SIGNATURE _____ DATE _____