



217 East Larsen Drive, Fond du Lac, WI 54937 (920) 923-4474 Phone (920) 923-4407 Fax

EMPLOYMENT APPLICATION

(Please print)

PERSONAL

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Position desired? _____

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []

(If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES [] NO []

If yes, where? _____

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES [] NO [] If yes, who and where do they work?

Days and Hours Available:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [] NO [] If yes, may we contact your employer? YES [] NO [] If presently employed, why are you considering leaving?

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? If yes, please describe:

EMPLOYMENT (Start with your present or most recent position)

Name of Employer		Telephone Number ()	
Address		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed and Reason for Leaving _____ _____ _____			
Name of Employer		Telephone Number ()	
Address		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed and Reason for Leaving _____ _____ _____			
Name of Employer		Telephone Number ()	
Address		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed and Reason for Leaving _____ _____ _____			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES - Provide three references (not relatives)

Name	Occupation
Address	Telephone Number ()
Name	Occupation
Address	Telephone Number ()
Name	Occupation
Address	Telephone Number ()

Applicants will receive consideration for positions without regard to race, color, religion, age, sex (except where sex is a bona fide occupational qualification), sexual orientation, marital status, individuals with disabilities and equally to disabled veterans and veterans of the Vietnam Era.

IMPORTANT: PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company. I understand that if I am hired, my employment is considered at will. I will have the right to terminate employment at any time, and Integrity Saw & Tool, Inc. retains a similar right.

Signed:
