

S.C. Swiderski LLC

401 Ranger Street • Mosinee, WI 54455 • 715.693.9522 • Fax: 715.693.9523

Please visit us at scswiderski.com

Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Previous Address if less than three years at present address:

Telephone Number: _____ Email Address: _____

Are you 18 years of age or older? If applying for a position that requires a CDL, are you 21+?

Yes No

Yes No

CDL License Holder? Yes No If so, what state issued the license? _____

License number? _____ Expiration Date _____

What type of vehicles have you driven and for how long? _____

Please list any accidents you were involved in over the past three years including dates, injuries and/or fatalities. _____

Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding. _____

Please detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you or provide a statement that no such denial, revocation, or suspension has occurred. _____

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends

Holidays

Nights

Overtime

Have you previously worked for S.C. Swiderski LLC? Yes No

Dates of employment with S.C. Swiderski LLC: from _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills

Typing speed (WPM): _____

Are you experienced in using personal computers? Yes No PC Mac

Are you able to use [name any software programs that are required for the position, e.g., Microsoft Word or Excel]. What other programs are you capable of using?

Are you able to stand, stoop, bend, squat and/or sit for an extended amount of time? Y/N

Are you able to lift up to 90 pounds with or without assistance? Y/N

Work Experience

Please list all previous employment for the past ten(10) years, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____
 Address: _____ City, State, Zip: _____
 Position or Title: _____ Years Known: _____

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Address: _____ City, State, Zip: _____
Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____
Address: _____ City, State, Zip: _____
Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, 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 and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date

All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.

EMPLOYER NOTES:

Interviewed By:

Date:

Position Applying To:

Remarks:

Representation: Y/N Ability: Y/N

Bring in for a Second Interview: Y/N