

Have you had any moving violations within the last seven years? () Yes () No

If yes, please describe: _____

Can you perform the tasks required to carry out the job for which you have applied? () Yes () No

Lifting or Carrying approximately 50 pounds? () Yes () No

Climbing or working from a ladder? () Yes () No

Have you used any names or Social Security Numbers other than given above? () Yes () No

If so please list: _____

Have you been convicted of a crime in the past seven years? () Yes () No

Is so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trail diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors from previous jobs.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS: _____

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, **the correct telephone numbers of past employers are critical.** Ask for a phone book or call information if necessary.

MOST RECENT EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?		
		Phone () Fax ()
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____
DATES EMPLOYED _____		
DUTIES _____		
SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____		
SECOND MOST RECENT EMPLOYER		
		Phone () Fax ()
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____
DATES EMPLOYED _____		
DUTIES _____		
SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____		
THIRD MOST RECENT EMPLOYER		
		Phone () Fax ()
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____
DATES EMPLOYED _____		
DUTIES _____		
SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____		

I certify that the answers given by me in this application and other information gleaned during the interview are true and correct without omissions of any kind. I understand that any misleading, incorrect statements or omissions of facts will render this application void, and if employed will result in termination. I agree that Waunakee Remodeling, Inc. shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I understand that any offer of employment or continued employment may be conditioned upon passing a substance abuse screening. Refusal to participate will result in termination or denial of employment. I also understand that the use of illegal drugs is prohibited during employment.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. Waunakee Remodeling is liable only for wages earned as of the date of termination. This application is current for thirty (30) days. Incomplete applications will not be processed. Waunakee Remodeling, Inc. will not accept the telephone updates of applications.

Signature of applicant: _____ Date: _____

