



605 Grossman Drive Schofield, WI 54476
 Phone: 715-359-4042 Fax: 715-359-7019
 161 Horizon Drive, 109B Verona, WI 53593
 Fax: 608-497-0611

"Grading Your Future with Integrity"
 Affirmative Action/An Equal Opportunity Employer

Employment Application

General Information

Name (Last)	(First)	(Middle)	Date of Application
Present Address (Street, City, State, Zip)		Phone # Day ()	Phone #Eve ()
Date of Birth (only if applying for driver position)	Can you provide proof of Citizenship? Yes / No		Cell Phone: ()
Drivers License #:	State Licensed in:	Do you have a CDL?	

Position

Position Applying for:		Are you affiliated with a Union? YES / NO If Yes which Union?
Date Available:	Are you able to travel? YES / NO	IUOE 139: ____ Teamsters: ____ Labor: ____ Apprentice: ____ Other: ____
FT: <input type="checkbox"/> PT: <input type="checkbox"/> Seasonal : <input type="checkbox"/>		
Rate of Pay Expected:	Referred by:	

Education and Training

School Name:	City	State
Course of Study:	Graduate:	Year:
Type of Degree or Diploma:		
School Name:	City	State
Course of Study:	Graduate:	Year:
Type of Degree or Diploma:		

Special Skills / Equipment Operated:

Please complete both sides



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Previous Employment Record

Previous Employer:	Start Date:	End Date:
Address City State Zip	Start Pay:	End Pay:
Position Description:	Reason for Leaving:	
Supervisor Name:	Phone # ()	May we Contact: Yes / No
Previous Employer:	Start Date:	End Date:
Address City State Zip	Start Pay:	End Pay:
Position Description:	Reason for Leaving:	
Supervisor Name:	Phone # ()	May we Contact: Yes / No
Previous Employer:	Start Date:	End Date:
Address City State Zip	Start Pay:	End Pay:
Position Description:	Reason for Leaving:	
Supervisor Name:	Phone # ()	May we Contact: Yes / No

References:

Name:	Company:	Address:	Phone:

Authorization

I hereby authorize investigation of all statements contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment with notice.

Date: _____ Signature: _____

No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex, religion, creed, age, marital status, or disability.