



601 N. Ringold Street, Janesville, WI 53545 • 608-436-9003 • jeff@distinctivecraftsman.com

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position Applying For: _____	Date of Application: _____	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name:	First Name:	Middle Name:			
_____	_____	_____			
Address	Number	Street	City	State	Zip Code
_____	_____	_____	_____	_____	_____
Telephone Numbers			Social Security Number (Voluntary)		
_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____
(Cell)			(Home)		

Best number to contact you? \_\_\_\_\_ cell or home \_\_\_\_\_ AM

Best time to contact you? \_\_\_\_\_:\_\_\_\_\_ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filled an application with us before? .....  Yes  No

If Yes, give date applied: \_\_\_\_\_

Do any of your friends or relatives work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(Proof of citizenship or immigration status will be required for employment) .....  Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_ - \_\_\_\_\_

Are you available to work:  Full-Time

Part-Time (Please indicate:  Mornings  Afternoon  Evenings)

Temporary (Please indicate dates available \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can travel if a job requires it? .....  Yes  No

Have You Been Convicted Of A Felony Within The Last Five Years? .....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree (Yes/ No)
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job related training in the United States Military.

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed	Dates Employed		Work /Duties Performed
			From	To	
	Address				
	Telephone Numbers		Hourly Rate/ Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
2.	Employer	Dates Employed	Dates Employed		Work /Duties Performed
			From	To	
	Address				
	Telephone Numbers		Hourly Rate/ Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
3.	Employer	Dates Employed	Dates Employed		Work /Duties Performed
			From	To	
	Address				
	Telephone Numbers		Hourly Rate/ Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
4.	Employer	Dates Employed	Dates Employed		Work /Duties Performed
			From	To	
	Address				
	Telephone Numbers		Hourly Rate/ Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					

*If you need additional space, please continue on a separate sheet of paper.*

List professional, trade, business or civic activities and offices held.  
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other status.

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

**Note to Applicants: DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  Yes  No

### References

1.	<b>Name</b>	Phone Number
	Address	
2.	<b>Name</b>	Phone Number
	Address	
3.	<b>Name</b>	Phone Number
	Address	

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open:  Yes  No

Positions (s) Consider For: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_