



Application For Employment

Spats 733 W. College Avenue Appleton WI 54914 (920) 738-7171

<http://www.spatstavontheave.com>

PERSONAL INFORMATION

DATE _____

Name (First, MI, Last)		Birth Date (For Background Check)	
Present Address (Address, City, State, Zip)			
Permanent Address (Address, City, State, Zip)			
Phone		Referred By	

EMPLOYMENT DESIRED

Position		Date You Can Start		Salary Desired	
Are You Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			If so, may we enquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Ever Applied To This Company Before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Where?		When?	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain:			

EDUCATION HISTORY

	Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business, Correspondence				

GENERAL INFORMATION

Subjects of Special Study/Research Work or Special Training/Skills:

REFERENCES

Name	Phone	Relationship	Years Known



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FORMER EMPLOYERS *(List Below Last Four Employers, Starting With Last One First)*

Date Month & Year	Name and Address of Employer	Salary	Position	Reason For Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein, and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws. "

SIGNATURE _____ DATE _____

******* DO NOT WRITE BELOW THIS LINE *******

INTERVIEWED BY _____ DATE _____

REMARKS