

APPLICATION FOR EMPLOYMENT

Date: _____

This application form is intended for use in evaluating your qualifications for employment. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants receive consideration and no question asked is for the purpose of excluding an applicant due to age, race, religion, creed, color, handicap, marital status, sexual preference, national origin, ancestry, and arrest or conviction record as prohibited by law or regulation. Waunakee Remodeling, Inc. is an EQUAL OPPORTUNITY EMPLOYER.

Name: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Position applied for: _____ Pay Rate Desired? _____

How were you referred to us? _____ What date can you start? _____

Available to work: () Full Time () Part Time () Weekdays () Weekends () Seasonal

Have you ever applied for employment with Waunakee Remodeling before? () Yes () No Dates: _____

Do you have any relatives, spouse or friends currently employed by Waunakee Remodeling? () Yes () No

Please list their name(s): _____

Have you ever been employed by Waunakee Remodeling? () Yes () No Dates: _____

Are you above the minimum working age of 18 years? () Yes () No

Are you legally permitted to work in this country? () Yes () No If yes, will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform & Control Act of 1986?

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

Do you have a valid driver license? () Yes () No

Is it presently suspended or revoked? () Yes () No

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

If yes, please describe: _____.

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

If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trial 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.)

<i>Incident</i>	<i>City/State</i>	<i>Charge</i>

EDUCATION

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

	<i>Name</i>	<i>City/State</i>	<i>Graduated</i>	<i>Degree Type</i>
High School			() Yes () No	
College			() Yes () No	
Other			() Yes () No	

REFERENCES

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

<i>Name</i>	<i>Email Address or Phone Number</i>	<i>Years Known/ Relationship</i>

PREVIOUS EMPLOYERS - Please list employers starting with your most recent

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we 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.

Are you currently employed? () Yes () No May we contact your present employer? () Yes () No

COMPANY NAME _____		CITY _____	STATE _____
From _____ To _____	JOB TITLE _____	\$ _____	PER _____
DATES EMPLOYED _____			
SUPERVISOR NAME _____		SUPERVISOR PHONE NUMBER _____	
REASON FOR LEAVING _____			

COMPANY NAME _____		CITY _____	STATE _____
From _____ To _____	JOB TITLE _____	\$ _____	PER _____
DATES EMPLOYED _____			
SUPERVISOR NAME _____		SUPERVISOR PHONE NUMBER _____	
REASON FOR LEAVING _____			

COMPANY NAME _____		CITY _____	STATE _____
From _____ To _____	JOB TITLE _____	\$ _____	PER _____
DATES EMPLOYED _____			
SUPERVISOR NAME _____		SUPERVISOR PHONE NUMBER _____	
REASON FOR LEAVING _____			

APPLICANT COMMENTS AS THEY RELATE TO PRIOR EXPERIENCE AND/OR TRAINING NECESSARY TO FULLFILL THE POSITION APPLIED FOR:

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 or incorrect statements 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, Inc. 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.

Signature of Applicant: _____ Date: _____