



Name (Print) _____
Last _____
First _____
Initial _____
Date _____

APPLICATION FOR EMPLOYMENT

1556 International Drive
Eau Claire, WI 54701

An Equal Opportunity Employer

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief, and I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I authorize you to obtain information concerning my education, work experience, competence, character, or medical history from the references indicated in this application as it may relate to any position for which I applied. I also understand that in the event I am employed, such employment is at will, permitting me to resign or to be discharged at any time.

I understand that if offered a position with Documation, I may be required to submit to a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

Signature

Date

PERSONAL

| | | | | |
|---|------------------------------------|---|--------------------------|--|
| Full name: | | Last | First | Middle |
| Social security number: | | Phone number: | | Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required by law.) |
| Present address: | | Street | City | State Zip Code |
| Are you below the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a work permit will be required.) | | | | |
| Position desired: | | | Wage or salary expected: | |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Full-time | What hours are you available to work? | | Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date available for employment: | | Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? | | |
| What prompted you to apply here for employment? | | | | |

EDUCATION

| School | Name and Address of Institution | Major Course of Study | Grade Avg. | Circle Last Year Completed | Did You Graduate? | List Diploma or Degree |
|--------------------------------------|---------------------------------|-----------------------|------------|----------------------------|--|------------------------|
| HIGH SCHOOL | Name City, State | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Name City, State | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| VOCATIONAL TECHNICAL BUSINESS SCHOOL | Name City, State | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Name City, State | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COLLEGE (Undergraduate) | Name City, State | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Name City, State | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COLLEGE (Graduate) | Name City, State | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Name City, State | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PROFESSIONAL

Professional licenses/certifications

| Type | State | Exp. Date | Registration Number |
|---|-------|--|---------------------|
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| | | | |
| | | | |
| List office equipment, business machines, or other equipment you can operate: | | List any software packages that you are proficient with: | |
| | | | |
| If applicable: Typing speed _____ wpm | | | |

List present or most recent position first, then next recent, etc. (Include all part-time jobs and military experience.)

| | | | | | |
|--|--|---|------------------------------|--|---|
| A. Employer's name: | | | Phone number: | | |
| Address: Street | | City | | State | Zip Code |
| Job title: | | | Supervisor's name and title: | | |
| Dates: From: To: | | Total time worked: Years ____ Months ____ | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Earnings: Start: Final: |
| Describe duties: (Be specific, include equipment operated and supervisory responsibilities, if any.) | | | | | |
| | | | | | |
| Reason for leaving: | | | | | May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|--|--|---|------------------------------|--|---|
| B. Employer's name: | | | Phone number: | | |
| Address: Street | | City | | State | Zip Code |
| Job title: | | | Supervisor's name and title: | | |
| Dates: From: To: | | Total time worked: Years ____ Months ____ | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Earnings: Start: Final: |
| Describe duties: (Be specific, include equipment operated and supervisory responsibilities, if any.) | | | | | |
| | | | | | |
| Reason for leaving: | | | | | May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|--|--|---|------------------------------|--|---|
| C. Employer's name: | | | Phone number: | | |
| Address: Street | | City | | State | Zip Code |
| Job title: | | | Supervisor's name and title: | | |
| Dates: From: To: | | Total time worked: Years ____ Months ____ | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Earnings: Start: Final: |
| Describe duties: (Be specific, include equipment operated and supervisory responsibilities, if any.) | | | | | |
| | | | | | |
| Reason for leaving: | | | | | May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |

PREVIOUS EXPERIENCE

List other employment not shown above.

| Dates | Name and Address of Employer | Type of Business | Position Held | Salary | Reason for Leaving |
|-----------|------------------------------|------------------|---------------|--------|--------------------|
| From: To: | | | | | |
| From: To: | | | | | |
| From: To: | | | | | |

Please list references (not relatives or employers) to contact who are acquainted with your work history.

| Name | Title/Occupation | Company/Address | Telephone Number |
|------|------------------|-----------------|------------------|
| | | | |
| | | | |

REFERENCES REMARKS

Make any comments you feel would enhance the information requested above. Explain periods of unemployment.

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| |

This section is provided to allow you more space to describe your special skills, abilities, and qualifications. Please take this opportunity to fill it out completely, as it will help us to determine the areas where we could best utilize your talents.

Describe any skills or special abilities you have acquired through your work experience and/or education.

What are your strongest qualifications for work at Documation?

What are your career goals or ambitions for the future?

How would your present or past employer describe you, as an employee?

Thank you for your interest in our organization.