



Application for Employment



*N2467 Vaughan Rd
Waupaca, WI. 54981*

Personal Information

| | | | |
|------------|------------|----------------|--------------------|
| Last Name | First Name | Middle Initial | Date |
| Address | | | Social Security # |
| City | State | Zip | Driver's License # |
| Home Phone | | | Referred by: |

Position Applied For: (PLEASE CHECK ONE)

| | |
|------------------------|---------------------|
| Clerical (Specify) | Production Worker |
| Professional (Specify) | Technical (Specify) |
| Managerial (Specify) | Other (Specify) |

Shift: 1st 2nd 3rd

Available:

Year round _____ Summer Only (please specify dates) _____

| | |
|---|--|
| <p>If you require any reasonable accommodation to complete this form or any part of the application/selection process, please contact Human Resources at 920 867-4181 or FAX 920-867-3746. Thank you.</p> | <p>Office Use Only</p> <p>Contacted _____</p> <p>Interviews _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> |
|---|--|

Education:

Elementary

High School

College/University

Post-Grad

| | | | | |
|---|--|--|--|--|
| School Name City, State | | | | |
| Years Completed? | | | | |
| Diploma/Degree | | | | |
| Describe Course of Study | | | | |
| Specialized Training, Skills, Extra-Curricular Activities | | | | |

Character References:

Please list three (3) persons not related to you, that have known you for at least six (6) months, and have knowledge of your character, experience and ability.

| | |
|------------------|------------------|
| Name | Occupation |
| Home Address | Business Address |
| City, State, Zip | City, State, Zip |
| Home Phone | Business Phone |
| Name | Occupation |
| Home Address | Business Address |
| City, State, Zip | City, State, Zip |
| Home Phone | Business Phone |
| Name | Occupation |
| Home Address | Business Address |
| City, State, Zip | City, State, Zip |
| Home Phone | Business Phone |

Employment Experience:

Please start with your present or most recent job first.

| | |
|---------------------|--|
| Employer | Duties Performed: |
| Address | |
| City, State, Zip | |
| Job Title | |
| Supervisor | |
| Reason for Leaving | |
| Dates Employed: | May we contact this employer for references? |
| Hourly Rate/Salary: | |
| Employer | Duties Performed: |
| Address | |
| City, State, Zip | |
| Job Title | |
| Supervisor | |
| Reason for Leaving | |
| Dates Employed: | May we contact this employer for references? |
| Hourly Rate/Salary: | |
| Employer | Duties Performed: |
| Address | |
| City, State, Zip | |
| Job Title | |
| Supervisor | |
| Reason for Leaving | |
| Dates Employed: | May we contact this employer for references? |
| Hourly Rate/Salary: | |

Employment Experience (Continued):

Please start with your present or most recent job first.

| | |
|---------------------|--|
| Employer | Duties Performed: |
| Address | |
| City, State, Zip | |
| Job Title | |
| Supervisor | |
| Reason for Leaving | |
| Dates Employed: | May we contact this employer for references? |
| Hourly Rate/Salary: | |
| Employer | Duties Performed: |
| Address | |
| City, State, Zip | |
| Job Title | |
| Supervisor | |
| Reason for Leaving | |
| Dates Employed: | May we contact this employer for references? |
| Hourly Rate/Salary: | |
| Employer | Duties Performed: |
| Address | |
| City, State, Zip | |
| Job Title | |
| Supervisor | |
| Reason for Leaving | |
| Dates Employed: | May we contact this employer for references? |
| Hourly Rate/Salary: | |

Please answer the following questions:

| | | |
|---|-----|----|
| Are you 18 years old or over? | YES | NO |
| Are you currently employed? | YES | NO |
| Are you on layoff, subject to recall? | YES | NO |
| Have you been convicted of a felony? If yes, state facts & penalty | YES | NO |
| | | |
| Have you ever been discharged from any position? If yes, state circumstances | YES | NO |
| | | |
| Do you have friends or family who work for Alliance Industries? If yes, please name them and state relationship | YES | NO |
| | | |
| Are you legally eligible for employment in this country? | YES | NO |
| Are you able to meet the attendance requirements of the position? | YES | NO |
| Will you work overtime if required? | YES | NO |
| Have you ever been employed here before? | YES | NO |
| Date available for work? | | |

Notice: Some of the positions at Alliance Industries, Inc. are filled using various selection tests. If the position for which you applied is filled utilizing a selection test, you will receive notice of the time, date and place. If you require special accommodation, please contact the Human Resource office at 867-4181 at least seven (7) days prior to the test.

Please list any additional information you would like us to consider:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or discharge from Alliance Industries, Inc. service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Alliance Industries, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Alliance Industries, Inc. has the authority to make any assurances to the contrary.

I give Alliance Industries, Inc. the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Alliance Industries, Inc. and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Alliance Industries, Inc. is an Equal Opportunity Employer. Alliance Industries, Inc. does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 1 year. At the conclusion of that time, if I have not heard from Alliance Industries, Inc. and still wish to be considered for any reported openings, it will be necessary to fill out a new application.

Signature of Applicant: _____

Date: _____