Application for Employment

Wrightway Home Improvements

Wrightway Home Improvements, located at 487 Garfield Street Ste: 200 Fond du Lac, Wisconsin, 54935, is an equal opportunity employer dedicated to a policy of nondiscrimination in employment based upon an individual's race, color, creed, religion, age, sex, national origin, ancestry, marital status, sexual orientation, or the presence of any non-job-related medical conditions or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply and limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be employed. Please contract the HR representative at (920) 923-0721, if you need any accommodations to participate in the application process.

APPLICANT INFORMATION					
Name (first, middle, last)				Date:	
Address (street, city, state, zip code)					
Social Security Number	Day Telephone		Evening Telephone		
Are there other names under which you have worked or attended school? ()Yes () No If yes, please list for reference checking purposes					
Type of work desired () full-time () part-time ()Temporary ()Seasonal					
Position applied for		Date available for work			
Referral Source					
If required to drive a motor vehicle for the job you are applying for, do you have a current valid drivers license? If so please provide:					
Driver's License Number		State Issued		Expiration Date	

GENE	CRAL INFORMATION	
1.	Have you ever applied for a job with this company in the past? If yes, please give the date of application and position for which you applied. State your name at the time, if different from present name.	YesNo
2.	Has this company ever employed you in the past? If yes, please give the dates of employment, position held, and state your name while employed if different from present name.	YesNo
3.	If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? If no, please explain.	
		YesNo
4.	Do you have any commitments to another employer that might affect your employment with our company? If yes, please explain.	
		YesNo
5.	If hired, can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? If no, please explain.	
		YesNo
6.	If hired, can you furnish proof that you are eligible to work in the United States? (If unsure, of the documents needed to prove eligibility to work in the U.S, we will explain the legal requirements.) If no, please explain.	
		YesNo
7.	Have you been convicted of a felony, or released from prison in the past 7 years? NOTE: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If yes, please explain.	
		YesNo

GENERAL INFORMATION (CONTINUED)							
with a dropping	u charged with an uncrime that has not young of the chare)? Notify you from employed.	charged	YesNo				
9. If hired, are you willing to work over-time if asked?							
	Briefly explain why you want to work for Wrightway of Wisconsin, LLC.						
SKILLS							
				Are you prof	icient in the use of:		
Please list software programs used:(Word, Excel, PowerPoint, Access, etc.)			Internet () Yes () No Email () Yes () No				
All applicants, please list any additional experience, skills and qualifications which relate to the job you are applying for:							
EDUCATION							
School	Name and Locatio	n (city, state)	Circle Last Year Completed	Did you Graduate?	List Diploma Degree or Course of Study		
High School			1 2 3 4	() Yes () No			
Business/- Technical			1 2 3 4	() Yes () No			
College			1 2 3 4	() Yes () No			
Graduate			1 2 3 4	() Yes () No			
Other (specify)			1 2 3 4	() Yes () No			

TRAINING COURSES (List any relevant training programs completed.)				
Course/Seminar	Organization Sponsoring		Content	Date (s) Attended
EMPLOYMENT HISTO	RY – PRESENT & FO	ORI	MER EMPLOYERS	(List Present or Most
Recent First)				
Company Name		Date	e of Employment Fr	rom To
Address		Sup	ervisor (and phone number	; if known)
City. State, Zip		Your name when employed if different from present		
Job Title & Duties		Reason for Leaving		
Final Salary: \$ per		May we contact?YesNo		
Company Name		Date of Employment From To		
Address		Supervisor (and phone number, if known)		
City, State, Zip		Your name when employed if different from present		
Job Title & Duties		Rea	son for Leaving	
Final Salary: \$	per		May we contact?	YesNo

EMPLOYMENT HISTORY – PRESENT & F Recent First) - CONTINUED	ORMER EMPLOYERS (List Present or Most			
Company Name	Date of Employment From To			
Address	Supervisor (and phone number, if known)			
City, State, Zip	Your name when employed if different from present			
Job Title & Duties	Reason for Leaving			
Final Salary: \$ per	May we contact?YesNo			
Please account for any time you were not employed after le unemployment periods of one month or less).	eaving school in the past ten years (you need not list any			
(If you were unable to list all past jobs or periods of unemp	ployment on this form, please use an additional sheet.)			
EMPLOYMENT REFERENCES				
List individuals familiar with your employment qualification or personal friends).	ons, including at least one supervisor (preferably not relatives			
Name	Title			
Address	Day Telephone ()			
Relationship	How long known?			
Name	Title			
Address	Day Telephone ()			
Relationship	How long known?			

EMDI OVMENT I		ED)		
	REFERENCES (CONTINU			
Name		Title		
Address		Day Telephone ()		
Relationship		How long known?		
AGREEMENT TO	O INVESTIGATION AND H	RELEASE		
Initials				
	By my signature and initials, I confirm that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.			
	I release from any and all liability and representative of Wrightway of Wisconsin, LLC for their acts performed in good faith and without malice in connection with evaluation my application, credentials, and qualifications. I further authorize any person, school, current employer, past employer (s) and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision (unless otherwise stated).			
	I also understand that if offered the job or at any time of employment, Wrightway of Wisconsin, LLC may require any or all of the following: heath examination, drug screen, and/or other future examination that may be required.			
	I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted. I also understand that if hired, I may not hold other employment (including but limited to performing services similar to those offered by Wrightway of Wisconsin, LLC to anyone without prior written consent), nor engage in sales investments, or activities that create a conflict of interest with the company.			
	I understand that if I am employed by Wrightway of Wisconsin, LLC, my employment can be terminated by Wrightway of Wisconsin, LLC at will, with or without cause, and with or without notice, at any time, except as may be required by law. I understand that no one at Wrightway of Wisconsin, LLC other than the President of the employing entity has the authority to alter, orally or in writing, this terminable-at-will status of employment.			
Signature of Applicant		 Date		

CRIMINAL BACKGROUND CHECK & APPLICANT DATA RECORD

Wrightway of Wisconsin, LLC is an equal opportunity employer and compiles with all applicable governmental regulations, including COBRA and affirmative action responsibilities where they apply. We believe all persons are entitled to equal employment opportunities and **do not discriminate** on the basis of race, color, national origin, religion, gender, age, martial or veteran status, disability, or any other legally protected status. The information you provide on this form will be kept in a **confidential file** (separate from your Application for Employment) and will only be used is accordance with applicable laws and regulations and to process a criminal background check. **Submission of information for the criminal background check is required. Submission of other information is voluntary.**

THIS SECTION IS REQUIRED				
CR	IMINAL BACKGROUND	CHECK		
PLEASE PRINT:				
Name:	/	/		
Name:(Last)	(First)	(Middle)		
Sex:	Race:	Date of Birth:		
Social Security #				
Maiden name/ additional names:				
List all states you have lived in since	e age 18:			
THIS SECTION IS VOLUNTARY				
	APPLICANT DATA REC	ORD		
5 () 1				
Position (s) applied for:				
GENDER () Male () Female				
Racial Ethnic Heritage (Check only one)				
() Black, not of Hispanic origin. Persons wh				
		al people of the Far East, Southeast Asia, the Indian		
subcontinent, or the Pacific Islands. This		of the original people of North America, and who		
maintain culture identification through tri				
() Hispanic. Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin,				
regardless of race.				
() White, not of Hispanic origin. Persons who have origins in any of the original people of Europe, North Africa or the				
Middle East. Veteran Status:				
	he United States? () Yes	() No If yes, please also indicate if you are a		
Are you a veteran of the armed services of the United States? () Yes () No If yes, please also indicate if you are a Vietnam Era Veteran or Special Disabled Veteran:				
() Vietnam Era Veteran. Any Veteran of the armed services with more than 180 days of active military service, any part of				
which was between Aug. 4, 1964 and May 7, 1975, with a discharge other than dishonorable or released for a service				
related disability.	1. 1.1	1 ' ' 11 1 374 1' 1 16		
disability. () Special Disabled Veteran. Any veteran will disability.	ith a disability of 30% or mo	re administered by the VA or was discharged for		
Disability:				
	A disability is defined as ar	ny person who has a physical or mental impairment		
which	·			
•	etivities, has record of such	as an impairment, or is regarded as having such an		
impairment.				