## **Application for Employment**

## **Wrightway Home Improvements**

Wrightway Home Improvements, located at 235 West Scott Street Fond du Lac WI, 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)			I	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.	Yes No
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	crime that has not ye ng of the chare)? NO	resolved criminal char t resulted in a plea of g TE: A yes answer will ment. If yes, please ex	uilty, court trial or not automatically	charged	_YesNo	
9. If hired	9. If hired, are you willing to work over-time if asked? YesNo					
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 Location	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 Sponsori	ng	Content	Date (s) Attended
	STORY – PRESENT &	FOR	MER EMPLO	YERS (List Present or Most
Recent First)				
Company Name		Date	e of Employment	From To
Address		Sup	ervisor (and phone	e number, if known)
City. State, Zip		You	ir name when emp	loyed if different from present
Job Title & Duties		Rea	son for Leaving	
Final Salary: \$ p	or.	Mox	y we contact?	YesNo
Γ παι Sarary. φ ρ	CI	Ivia	y we contact:	165100
Company Name		Date	e of Employment	From To
Company Traine		Date	e of Employment	110111 10
Address		Sup	ervisor (and phone	e number, if known)
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City, State, Zip	_	You	ır name when emp	loyed if different from present
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Job Title & Duties		Rea	son for Leaving	
			C	
Final Salary: \$_	per		May we contact	et?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 leaving school in the past ten years ( you need not list any unemployment periods of one month or less).				
(If you were unable to list all past jobs or periods of unemp	loyment 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?			

EMPLOYMENT REFERENCES (CONTINUED)				
EMI LOTMENT	REFERENCES (CONTINU			
Name		Title		
Address		Day Telephone ( )		
Relationship		How long known?		
AGREEMENT TO	) INVESTIGATION AND F	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 complies 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 <b>voluntary.** 

THIS SECTION IS REQUIRED				
CRIM	MINAL 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 a	ge 18:			
THIS SECTION IS VOLUNTARY				
	PPLICANT DATA REC	CORD		
Position (s) applied for:				
GENDER ( ) Male ( ) Female				
Racial Ethnic Heritage (Check only one)				
( ) Black, not of Hispanic origin. Persons who				
( ) Asian or Pacific Islander. Persons having o subcontinent, or the Pacific Islands. This ar		al people of the Far East, Southeast Asia, the Indian		
		of the original people of North America, and who		
maintain culture identification through triba				
( ) 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:				
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.	7, 1975, with a discharge (	other than dishonorable of released for a service		
•	a disability of 30% or mo	are administered by the VA or was discharged for		
disability.	·	,		
Disability:				
	disability is defined as an	ny person who has a physical or mental impairment		
which substantially limits one or more major life activ	vities has record of such	as an impairment, or is regarded as having such an		
impairment.	. 11105, Hab Toolid of Such	and an impairment, or to regarded us having such an		