

# Application for Employment

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## 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 contact 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes		
Type of work desired <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Temporary <input type="checkbox"/> 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

## GENERAL INFORMATION

<p>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.</p>	<p>___ Yes ___ No</p>
<p>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.</p>	<p>___ Yes ___ No</p>
<p>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.</p>	<p>___ Yes ___ No</p>
<p>4. Do you have any commitments to another employer that might affect your employment with our company? If yes, please explain.</p>	<p>___ Yes ___ No</p>
<p>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.</p>	<p>___ Yes ___ No</p>
<p>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.</p>	<p>___ Yes ___ No</p>
<p>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.</p>	<p>___ Yes ___ No</p>

## GENERAL INFORMATION (CONTINUED)

<p>8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial or dropping of the charge)? NOTE: A yes answer will not automatically disqualify you from employment. If yes, please explain.</p>	<p>____ Yes ____ No</p>
<p>9. If hired, are you willing to work over-time if asked?</p>	<p>____ Yes ____ No</p>

Briefly explain why you want to work for Wrightway of Wisconsin, LLC.

## SKILLS

		<p>Are you proficient in the use of:</p>
<p>Please list software programs used:(Word, Excel, PowerPoint, Access, etc.)</p>		<p>Internet ( ) Yes ( ) No Email ( ) Yes ( ) No</p>

All applicants, please list any additional experience, skills and qualifications which relate to the job you are applying for:

## EDUCATION

School	Name and Location (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 HISTORY – PRESENT & FORMER EMPLOYERS (List Present or Most Recent First)**

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?      ___Yes ___No

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?      ___Yes ___No

**EMPLOYMENT HISTORY – PRESENT & FORMER EMPLOYERS (List Present or Most Recent First) - CONTINUED**

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? ____ Yes ____ No

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 unemployment on this form, please use an additional sheet.)

Time Period (s)	Reason (s) For Unemployment

**EMPLOYMENT REFERENCES**

List individuals familiar with your employment qualifications, including at least one supervisor (preferably not relatives or personal friends).

Name	Title
Address	Day Telephone ( )
Relationship	How long known?

Name	Title
Address	Day Telephone ( )
Relationship	How long known?

**EMPLOYMENT REFERENCES (CONTINUED)**

Name	Title
Address	Day Telephone ( )
Relationship	How long known?

**AGREEMENT TO INVESTIGATION AND 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

