

EMPLOYMENT APPLICATION

Date of Application: _____

This company is an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry or handicap.

PERSONAL INFORMATION

Last Name	First	Middle	Social Security No.
Street Address			Home Phone ()
City, State, Zip			Business Phone ()

Are you 18 years of age or older Yes No Are you legally eligible for employment in the U.S. Yes No

EMPLOYMENT INTEREST

Position: _____ Salary Desired: _____

Date you can start? _____ Can you work overtime if necessary? Yes No

Have you ever applied for employment with this company before? Yes No If yes, when _____

EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	No. Years Completed	Did You Graduate?	Degree or Diploma
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other special training, qualifications or job-related skills:					

EMPLOYMENT HISTORY (list below last three employers, starting with last one first)

Company Name	Employed (Month and Year) From To
Address & Telephone	Pay or Salary
State Job Title and Describe Your Work	Reason for Leaving

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MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes No

Date of Entry _____ Branch of Service _____

Date of Discharge _____ Final Rank _____

Indicate service school attended or special training received _____

REFERENCES

Name and Address (Do not list Relatives or Former Employers)	Telephone	Years Known	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVER APPLICANT INFORMATION

Check the types of vehicles you are qualified, through experience, to operate:

Light Truck Heavy Truck Boom Truck Forklift Other

Please list other (If applicable) _____

Driver's License No. _____ State _____ Expires _____

Has license ever been suspended or revoked? Yes No

If Yes, give reason and year suspended or revoked: _____

Note: DRIVER APPLICANTS MUST ALSO FILL OUT THE BOTTOM OF PAGE 4 OF THIS APPLICATION

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, included but not limited to personal information, to my prospective or present employer and its insurance agency, whose names and addresses are as follows:

Name and Address of Employer:

Nelson Lumber and Home, Inc.
16015 W. Nursery Rd.
Hayward, WI 54843

E-mail Address of Employer: nlftc@cheqnet.net

Name and Address of Insurance Agent:

Johnson Insurance Services, Inc.

This Authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____

Signature: _____ Date: _____