(715) 384-3121 (715) 344-1191 (270) 678-4143

# **APPLICATION FOR EMPLOYMENT**

Please print in ink. You must complete entire application.

Position(s) applied	d for	equired)	Date of Appli	cation_		
Referral source:	Agency Walk-in Other	Employee Relative	Advertisement Govt. Employment Name of source	_	-	
Name Last Previous name, as			First n previous employment	and/or	Midd school	
Address:Stree			City	State	Z	ip Code
Day Telephone # (	( )	Eve	ning Telephone # ( )			
Are you legally au (If hired, you will be r		ork in the U.S?  de proof of work autho	rization)		Yes	No
	ent will be subje		ou meet state/federal minim obtained a valid work permit		Yes	No
Date available for	work		Desired salary range	\$		
If yes, describe the; 13 3) county and state wh	nature of the ch nere issued.	s or have you ever larges/conviction, 2) da		me?	Yes	No
Have you ever app	olied at this co	mpany before?			Yes	No
			Position			<del></del>
Have you ever wo	rked at this co	mpany before?			Yes	No
If yes, give dates:		- •				

#### EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignment or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

Name of Employer	Telephone ( )		
Address			
Job Title	Employment Dates (month and year)		
Name of Immediate Supervisor	From: To:		
Description of Duties			
	Reason for Leaving		
Starting Salary \$ Ending Salary \$	Reason for Leaving		
During Surary \(\psi_{}\)			
If currently employed, may we contact as a reference?	• Yes • No		
If currently employed, may we contact as a reference.	165 110		
Name of Employer	Telephone ( )		
Address			
	,		
Job Title	Employment Dates (month and year)		
Name of Immediate Supervisor	From: To:		
Description of Duties			
	T		
Granina Calama C	Reason for Leaving		
Starting Salary \$ Ending Salary \$			
If currently employed, may we contact as a reference?	• Yes • No		
Name of Employer	Telephone ( )		
Address	,		
Job Title	Employment Dates (month and year)		
Name of Immediate Supervisor	From: To:		
Description of Duties			
į į	Reason for Leaving		
Starting Salary \$ Ending Salary \$			
<u></u>			
If currently employed, may we contact as a reference?	• Yes • No		

## **Employment History (Continued)**

Name of Employer	Telephone ( )
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From: To:
Description of Duties	
Charting Calama (C. Lama (C. L	Reason for Leaving
Starting Salary \$ Ending Salary \$	
If	. V N.
If currently employed, may we contact as a reference?	• Yes • No
Name of Employer	Telephone ( )
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From: To:
Description of Duties	
	T
	Reason for Leaving
Starting Salary \$ Ending Salary \$	
If currently employed, may we contact as a reference?	• Yes • No
Name of Employer	Telephone ( )
Address	Telephone ( )
Trust ess	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From: To:
Description of Duties	
	Reason for Leaving
Starting Salary \$ Ending Salary \$	
If currently employed, may we contact as a reference?	• Yes • No
	o
Comments (including explanation of any gaps in emplo	Jyment):

### EDUCATIONAL BACKGROUND

	Nbr.			
School Name and Location (City, State)	Years Attended	Major Subjects	Diploma or Degree	
High School			• Yes • No	
			(proof will be required)	
College			• Yes • No	
			Type:	
Graduate			• Yes • No	
			Type:	
Other			• Yes • No	
(Specify)			Type:	
EMPLOYMENT REFERENCES List individuals familiar with your job quali			nal friends)	
Name		elephone ( )		
Address	Eveni	ng Telephone ( )		
Relationship	•			
Name	Day T	'elephone ( )		
Address	Evening Telephone ( )			
Relationship				
Ty.	D 7			
Name		Selephone ( )		
Address	Eveni	ng Telephone ( )		
Relationship				
List special accomplishments, publications, color, religion, sex, national origin, citizenship, age, any other similarly protected status.)				
List any additional information you would li	ike us to con	sider		

#### Please Read Carefully Before Signing This Form

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I authorize pertinent companies, schools, agencies, municipalities or persons to give to Felker Brothers Corporation any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Felker Brothers Corporation. I understand Felker Brothers Corporation may request a signed Consent Form for Background Check at a later date should I be considered for an interview for the purposes of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand upon receiving a job offer, a drug screening will be required. Employment is contingent upon drug results being negative. Additional post-offer medical testing will be required if my job includes the wearing of a respirator. I consent to all such testing as a condition of my employment, if required.

Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand employment at this company is on an at-will basis and my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

This application is current for only 180 days and is only effective for the position applied for. At the conclusion of the 180 days, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signed by Applicant		Date	
· · · · · · · · · · · · · · · · · · ·	Signature Required		

Thank you for your interest in Felker Brothers Corporation.

## **Affirmative Action Voluntary Information**

#### COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT					
Position(s) applied for			Date		
Referral Source					
• Walk-In	• Employee		• School	• Other	
Private Employment Agency	Govt. Employment Agency	ncy • Advertisement - Source			
Applicant Information					
Name			• Male • Female		
Last	First	Middle			
Address: Street	City State	Zip Code	Telephone ()		
<ul> <li>American Indian/Alaskan Nati</li> <li>For Administrative Use O</li> </ul>		• Two or more	races		
Position(s) applied for •	Available • Not Availab	le			
Other positions considered for					
Hired • Yes • No Position hired for			Date		
From the EEO job classifications	listed below, which one best desc	cribes the position	filled?		
• Executive	• Technicia		*	• Operatives (semi-skilled)	
<ul><li>First/Mid Officials</li><li>Professionals</li></ul>	• Sales Wor		<ul><li>Laborers (u</li><li>Service Wo</li></ul>		
		orkers (skilled)		INCIS	
Notes					
Completed by			Date		