



Phn: (608) 744-2213 • Fax: (608) 744-2194  
312 S. Main Street  
Cuba City, WI 53807

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

# Application For Employment

*Please Print*

Position Applied For:

Date Of Application:

How did you learn about us?

☐ Advertisement

☐ Friend

☐ Walk-in

☐ Employment Agency

☐ Relative

☐ Other \_\_\_\_\_

Last Name

First Name

Middle Name

Social Security Number

Current Address

Number Street

City

State

Zip Code

Telephone # ( ) \_\_\_\_\_ Best time to reach: \_\_\_\_\_ Answering machine ☐ Y ☐ N

Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ Best time to reach: \_\_\_\_\_

e-mail address \_\_\_\_\_ May we contact you at work? ☐ Y ☐ N

If Yes, work number and best time to call \_\_\_\_\_ a.m. or p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Y ☐ N

Have you ever filed an application with us before? ☐ Y ☐ N

If yes, give dates: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Have you ever been employed with us before? ☐ Y ☐ N Give dates and position: \_\_\_\_\_

Are you legally eligible for employment in this country? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N

May we contact your current employer? ☐ Y ☐ N

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work: ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary

Are you available to work overtime if required? ☐ Y ☐ N

Comments: \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? ☐ Y ☐ N

Can you travel if job requires it? ☐ Y ☐ N

Driver's license number if driving is an essential job function: #: \_\_\_\_\_ State: \_\_\_\_\_

## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ( )	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
ADDRESS		FROM	TO	
STARTING JOB TITLE/FINAL JOB TITLE		<b>HOURLY RATE/SALARY</b>		
IMMEDIATE SUPERVISOR AND TITLE		<b>STARTING</b>		
REASON FOR LEAVING		\$	PER	
		<b>HOURLY RATE/SALARY</b>		
		<b>FINAL</b>		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? † Yes † No † Later				
EMPLOYER	TELEPHONE # ( )	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
ADDRESS		FROM	TO	
STARTING JOB TITLE/FINAL JOB TITLE		<b>HOURLY RATE/SALARY</b>		
IMMEDIATE SUPERVISOR AND TITLE		<b>STARTING</b>		
REASON FOR LEAVING		\$	PER	
		<b>HOURLY RATE/SALARY</b>		
		<b>FINAL</b>		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? † Yes † No † Later				
EMPLOYER	TELEPHONE # ( )	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
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IMMEDIATE SUPERVISOR AND TITLE		<b>STARTING</b>		
REASON FOR LEAVING		\$	PER	
		<b>HOURLY RATE/SALARY</b>		
		<b>FINAL</b>		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? † Yes † No † Later				
EMPLOYER	TELEPHONE # ( )	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
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IMMEDIATE SUPERVISOR AND TITLE		<b>STARTING</b>		
REASON FOR LEAVING		\$	PER	
		<b>HOURLY RATE/SALARY</b>		
		<b>FINAL</b>		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? † Yes † No † Later				

**COMMENTS** (Including explanation of any gaps in employment) \_\_\_\_\_

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## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## Education

Please circle the highest grade you completed in school: 7 8 9 10 11 12 13 14 15 16+

SCHOOL NAME	CITY/STATE	NUMBER OF YEARS COMPLETED	DEGREE
High School			
College			
Other			
Other			

## References

List name and telephone number of three references who are not related to you and are not previous employers. You may list co-workers, school or personal references who are not related to you.

NAME	RELATIONSHIP	TELEPHONE AND TIME TO REACH	# OF YEARS KNOWN

List any additional information you would like us to consider:

Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations?

† Yes † No (Such conviction may be relevant if job related, but does not bar you from employment)

If yes, explain

CERTIFICATION AND RELEASE: I certify that I have read and understood the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorized the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever to issuing this information. I authorize any and all employers, including my current employer, to release any information concerning my job performance and work record including attendance, disciplinary and performance records, to Affiliated Foods, and I hereby release any and all employers, including my current employer, from any liability for any damage whatsoever for releasing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signed

Date