



Application for Employment

General

Name in full _____

Address _____

Telephone (_____) _____ Social Security # _____

Date available for employment _____

If employed and under 18, can you furnish a work permit? YES NO

Have you ever been employed by this company? YES NO

Are you employed now? YES NO

May we contact your present employer? YES NO

If yes, give name and number: _____

Are you prevented from lawfully becoming employed in
this country because of Visa or Immigration status? YES NO

Type of work desired: _____

Do you have a current, valid driver's license for the State
of Wisconsin? YES NO

License # _____

Can you perform the essential functions of the job(s) for
which you are applying? YES NO

Are you available to work FULL TIME PART TIME OVER TIME

Have you served in the Military? YES NO

Active duty: from _____ to _____ Branch: _____
Type of discharge _____

Have you been convicted of a felony? YES NO

(Please note that a "YES" answer will not bar you from consideration for employment)

If "YES" please explain: _____

All applicants will be considered without regard to age, color, national origin, religion, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws.

Education

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
SCHOOL NAME				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

Special Skills, Qualifications, and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

References

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

Name	Occupation/Relationship	Years known	Telephone
1. _____	_____	_____	(____) _____
2. _____	_____	_____	(____) _____
3. _____	_____	_____	(____) _____

In Case of Emergency Notify

_____ Name	(____) _____ Phone
_____ Address	_____ Relationship
_____ Name	(____) _____ Phone
_____ Address	_____ Relationship

Employment Experience

Start with your present or last job. List your last four (4) jobs in order. Do not omit any job.

Employer

Supervisor's Name

Address

Your Job Position

Telephone Number

Employed from: _____ (mo/yr)
to: _____ (mo/yr)

Your Salary: Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving?

Employer

Supervisor's Name

Address

Your Job Position

Telephone Number

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Duties

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What did you like least about your job?

Reason for leaving?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES NO

If hired I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. If hired I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at anytime, except as specifically set forth in writing in a current individual employment agreement.

YES NO

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

YES NO

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

YES NO

Schmidt Boat Lifts & Docks is a drug-free workplace.

I have read, understand, and agree with the above.

Printed Name of Applicant

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.