



600 Rolfs Avenue, West Bend, WI 53090

# Application for Employment

We are an Equal Opportunity and Drug-Free Workplace employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. Applicants with a disability may request any needed accommodation.

PLEASE PRINT USING BLACK OR BLUE INK.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Type(s) of employment desired \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal

How did you learn about us? \_\_\_\_\_  
Please list

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_  
STREET CITY STATE/ZIP

Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain. \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No Dates of employment \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of application \_\_\_\_\_

Are you currently employed: \_\_\_\_\_ Yes \_\_\_\_\_ No Date available for work \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Proof of citizenship or immigration status will be required upon employment).

Have you been convicted of a crime in the last seven years? \_\_\_\_\_ Yes \_\_\_\_\_ No Conviction will not necessarily disqualify from employment.

If yes, please explain: \_\_\_\_\_

**WORK EXPERIENCE** List PRESENT employer FIRST followed by former employers. Please provide additional employers on separate sheet of paper and attached to back of application.

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
SUPERVISOR & TITLE		SUMMARIZE NATURE OF WORK PERFORMED & ESSENTIAL JOB FUNCTIONS	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$	PER FINAL \$ PER

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
SUPERVISOR & TITLE		SUMMARIZE NATURE OF WORK PERFORMED & ESSENTIAL JOB FUNCTIONS	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$	PER FINAL \$ PER

FROM	TO	EMPLOYER	PHONE
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REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$	PER
		FINAL \$	PER

**SKILLS & QUALIFICATIONS** Summarize any training, skills, licenses, and/or certificates that may qualify you for the position for which you are applying for, including military training. \_\_\_\_\_

**RECORD OF EDUCATION**

NAME & LOCATION	YRS. COMP.	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

**PERSONAL REFERENCES** Not former employers or relatives.

**All applicants – Please read carefully before signing.**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTERESTS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.

I GIVE THE THRESHOLD THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM FORMER EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE THRESHOLD, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I ACKNOWLEDGE THAT THE THRESHOLD MAY REQUEST, AS A CONDITION OF EMPLOYMENT OR FOR CONTINUED EMPLOYMENT, THAT I UNDERGO DRUG TESTING; AGREE TO COMPLY WITH THE DRUG FREE WORKPLACE POLICY AND SIGN ACKNOWLEDGEMENT THEREOF; COMPLETE THE BACKGROUND INFORMATION DISCLOSURE FORM FOR THE PURPOSE OF OBTAINING A CAREGIVER BACKGROUND CHECK AS REQUIRED BY LAW; AND, IF REQUIRED FOR THE POSITION, COMPLY WITH THE DRIVING POLICY AND SIGN AN ACKNOWLEDGEMENT THEREOF. I CONSENT AND AGREE TO THESE REQUIREMENTS NOW AND IN THE FUTURE.

I UNDERSTAND IT IS THE THRESHOLD'S COMPANY 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 ALSO UNDERSTAND THAT IF I'M HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

**Your signature acknowledges you have read and agree to the material above.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_