



N63 W22039 Hwy 74
Sussex, WI 53089
(262) 246-6901
www.lieds.com

APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, veteran status, marital status, sexual orientation, or any other characteristic protected by the law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Date _____

Name _____ Social Security No. _____
last first middle

Street Address _____ City _____ State _____ Zip _____

Telephone _____ Cell Phone No. _____ Email _____

Preferred Time to Contact _____

Full Time (40 hrs/wk) Part Time (less than 40 hrs/wk) Summer Only

Position you are applying for: _____

How did you hear about us? Newspaper (name) _____

Walk-in Lied's Employee Job Fair (name) _____

Other: (please explain) _____

EMPLOYMENT HISTORY (List present or most recent employer first)

Employer	Employed from ____ mo/yr to ____ mo/yr	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed from ____ mo/yr to ____ mo/yr	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed from ____ mo/yr to ____ mo/yr	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed from ____ mo/yr to ____ mo/yr	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				

EDUCATION

Name/Location of school	Circle last year completed	Major course	Diploma or degree?	Still attending?
High School	7 8 9 10 11 12			
College	1 2 3 4 more			
Business/Trade School	Months attended			

If you served in the U.S. Armed Forces, briefly describe skills acquired _____

PERSONAL INFORMATION

Are you legally authorized to work in the U.S.? Yes _____ No _____
(NOTE: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.)

Are you at least 18 years of age? Yes _____ No _____

Have you even been convicted of a crime (felony)? Yes _____ No _____

If yes, give details, _____

If you are an experienced operator of any office machines or equipment, please list.) _____

_____ Typing speed? _____ wpm Shorthand? _____ wpm

If you are an experienced operator of any plant machines or equipment, please list. _____

Do you have any other skills you wish to mention? _____

Are you presently employed? Yes ____ No ____ If so, may we contact your present employer? Yes ____ No ____

If hired, when would you be available? _____ Salary requirements? _____

If applicable, Driver's License # _____

REFERENCES

Name of reference _____

Occupation _____

Address _____

City, State, Zip _____

Telephone _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability from any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____