

APPLICATION FOR EMPLOYMENT

NOTICE: All applicants accepted for employment must pass a drug test as part of our employment process. Please be advised that all offers of employment are contingent upon satisfactory results of a drug screening test. All applicants who are considered for employment are required to sign the Affidavit on the last page of this application. Applicants who refuse to sign the Affidavit will not be considered for employment. Those applicants who test positive for drug usage will be denied employment at HANOR for one (1) year.

This Company does not discriminate in hiring or employment on the basis of race, color, gender, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. This application will receive consideration for six (6) months. If you have not heard from the Company within six months and wish to receive further consideration for employment, it will be necessary to complete another application form.

PERSONAL DATA

Social Security Number _____		Are you 18 years or older? Yes _____ No _____	
Name _____		_____	
(Last)	(First)	(Middle)	
Address _____		_____	
(Street)	(City)	(State)	(Zip)
Length of time at this address _____		Telephone Number _____	

EMPLOYMENT

Job applied for _____		Salary desired _____	
full-time	part-time	temporary	seasonal
Are you employed now? _____		If so, may we contact your present employer? _____	
Have you ever applied here before? _____		If yes, when? _____	
Have you ever been employed here before? _____		If yes, when? _____	
Are you available to work any day of the week? _____			
If not, for what days are you available? _____			
Date available for work? _____			
Do you currently have any pending convictions? Yes No			
If yes, please provide date(s) and details _____			
(Answering yes to this question does not constitute an automatic bar to employment)			

EDUCATIONAL DATA

Circle Highest Grade Completed

1 2 3 4 5 6 7 8 9 10 11 12

Grade, Junior High or High School

1 2 3 4 5

College or University

1 2 3 4

Graduate School

Type of School	Name of School	Location	Major Subject or Course of Study	Did you Graduate?
High School				
College				
Other				

MILITARY

Branch of Service _____ Dates of Service _____

Duties in the service, include schools and training: _____

SPECIAL SKILLS

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

RELATIVES IN OUR EMPLOYMENT

Name	Relationship

WORK HISTORY

Period of Employment (Month/Year)	Name and Address of Company	Positions Held or Duties Performed	Rate of Pay
From:			Start: \$
To:			Final: \$
Immediate Supervisor and Title:			
Reason for Leaving:			

Period of Employment (Month/Year)	Name and Address of Company	Positions Held or Duties Performed	Rate of Pay
From:			Start: \$
To:			Final: \$
Immediate Supervisor and Title:			
Reason for Leaving:			

Period of Employment (Month/Year)	Name and Address of Company	Positions Held or Duties Performed	Rate of Pay
From:			Start: \$
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Immediate Supervisor and Title:			
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Period of Employment (Month/Year)	Name and Address of Company	Positions Held or Duties Performed	Rate of Pay
From:			Start: \$
To:			Final: \$
Immediate Supervisor and Title:			
Reason for Leaving:			

REFERENCES

Give three references who are former supervisors/managers

Name	Company	Phone	City and State

AFFIDAVIT

I authorize investigation of all statements in this application. I understand that in event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations.

I understand and agree that any offer of employment to me by The Hanor Company of Wisconsin, LLC. is contingent upon the outcome of drug testing, to be arranged at HANOR's expense. I understand that if I fail to pass the pre-employment drug screen, I will be disqualified from further employment consideration with HANOR for one year. I understand and agree that my failure or refusal to sign this Affidavit will also disqualify me for further employment consideration with The Hanor Company of Wisconsin, LLC.

Signature _____

Date _____

Name _____
(type or print)