



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

Please complete the entire application.

Date: _____

Applicant Information

Name (first, middle, last)

Address (street)

Cell Phone #

()

(city, state, zip code)

Home Phone #

()

Email Address

Are there other names under which you have worked or attended school? Yes No
If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever applied at this company before?
 Yes No If yes, when:

Have you ever worked at this company before?
 Yes No If yes, when:

Position Applying For

**Number of Hours
Desired per Week**

Hours Available to Work

When can you start?

How were you referred to the company? Agency Company Website Social Media
 School Friend/Relative Other _____

Special Skills

1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.

2. If relevant, please describe any experience you may possess which would allow you to excel in the position you have applied for.

Education				
School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer:		Telephone ()
Address:		
Job Title:		Employment Dates (month and year)
Name of Immediate Supervisor:		From: To:
Description of Duties:		
Salary (start):	Salary (end):	Reason for Leaving:
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer:		Telephone ()
Address:		
Job Title:		Employment Dates (month and year)
Name of Immediate Supervisor:		From: To:
Description of Duties:		
Salary (start):	Salary (end):	Reason for Leaving:

Name of Employer:	Telephone ()	
Address:		
Job Title:	Employment Dates (month and year)	
Name of Immediate Supervisor:	From:	To:
Description of Duties:		
Salary (start):	Salary (end):	Reason for Leaving:
Name of Employer:	Telephone ()	
Address:		
Job Title:	Employment Dates (month and year)	
Name of Immediate Supervisor:	From:	To:
Description of Duties:		
Salary (start):	Salary (end):	Reason for Leaving:

Employment References

Please provide the names of three business references that are not related to you.

Name	Phone Number	Email Address	Years Known and In What Capacity
1.			
2.			
3.			

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a drug screening may be required.
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract

Signature of Applicant Date

AUTHORIZATION TO RELEASE INFORMATION

I specifically authorize West Bend/Falls Axe and Escape and/or its representatives to consult with any third party who may have information bearing on my professional qualifications, credentials, work history, education, training, licensing, criminal record (if any), character, ethics, behavior, financial condition, or any other matter, as well as to inspect or obtain any and all communication, reports (including but not limited to credit reports), records, statements, documents, recommendations, or disclosures of said third parties that may be material to such questions.

I also specifically authorize said third parties to release said information to West Bend/Falls Axe and Escape and/or its authorized representatives upon request. I hereby release from any liability, West Bend/Falls Axe and Escape and any and all individuals and institutions or organizations who, in good faith and without malice, provide information to West Bend/Falls Axe and Escape and/or its agents concerning my professional competence or qualifications, work history, ethics, character, criminal record (if any), education, training, licensing, and other qualifications.

A copy of this Authorization to Release Information shall be as binding as the original.

Print Name (include full middle name)

Applicant's Signature

Current Address

Yrs at Current Residence

City/State/Zip Code

Today's Date