

APPLICATION FOR EMPLOYMENT

1410

PEMBER COMPANIES, INC.
N4449 - 469TH Street
Menomonie, WI 54751
An Equal Opportunity Employer

Read First! Only original applications are acceptable. An application must be completed on site and in the presence of a Pember Companies, Inc. employee to assure that there has been no tampering with the application, and because all employees are required, during the performance of their jobs, to read and write, except for disabled applicants who require reasonable accommodation. Print all answers in ink to help assure readability. All questions on the application form must be answered or the failure to answer explained on the application form. Applications will only be considered active for 30 days. If an applicant continues to be interested in employment with Pember Companies, Inc. after 30 days, he/she may complete a new application. Pember Companies, Inc. prohibits discrimination and harrassment in the workplace as well as in the application process. All applicants offered positions with the company may not begin work until they have completed a pre-employment drug screen.

PERSONAL

Name _____ Today's Date _____
Last First Middle Initial

Address _____
Street City State Zip

Phone (Daytime) _____ (Evening) _____

Who should we contact in case of emergency? _____
Name Phone Relationship

Yes ___ No ___ Are you 18 years or older?

Yes ___ No ___ Do you have a valid Wisconsin driver's license? Driver's License # _____

Yes ___ No ___ If the job requires the use of a commercial driver's license, do you have a valid CDL?

If yes, please request, and complete, the Application for DOT-covered positions available from Human Resources before you complete the remainder of this application form.

Position Desired _____ Date you can start _____ Wage/Salary Desired _____

Have you ever applied here before? _____ When? _____

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. **Do not leave gaps in time.** Be specific. Start with you current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Employer:

(Name) _____ (Address) _____ (Phone) _____
Position Held: _____ Start Date _____ End Date _____

Rate of Pay: _____ Supervisors Name: _____

Describe your duties: _____

Reason for Leaving _____

Employer:

Name

Address

(Phone)

Position Held:

Start Date

End Date

Rate of Pay:

Supervisors Name:

Describe your duties:

Reason for Leaving

Employer:

Name

Address

(Phone)

Position Held:

Start Date

End Date

Rate of Pay:

Supervisors Name:

Describe your duties:

Reason for Leaving

Employer:

Name

Address

(Phone)

Position Held:

Start Date

End Date

Rate of Pay:

Supervisors Name:

Describe your duties:

Reason for Leaving

Is there any employer above that you'd prefer we not contact? (please list)

Empty rectangular box for additional information.

EDUCATION/TRAINING

What is the highest grade you have completed? (circle one) 4 5 6 7 8 9 10 11 12

Describe any academic, professional or vocational education, training or experience that you consider relevant to the position for which you are applying.

Three horizontal lines for describing education/training.

REFERENCES

Name	Occupation	Daytime Phone	Years Acquainted



Authorization, Release, & Certification

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated: _____ Applicant's Name (print or type) _____
Applicant's Signature _____

