



It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

APPLICANT INFORMATION

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Email

Date Available to start:

Position Applied for:

How did you hear about us:

Have you ever worked for Hamann? Yes No If yes, when? Do you have a valid WI Drivers License? Yes No Do you have a valid CDL? Yes No Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No Have you been convicted of a felony? Yes No If yes, please provide further information.

EDUCATION

High School: Address:

From: To: Did you graduate? Yes No Diploma:

College: Address:

From: To: Did you graduate? Yes No Degree:

Other: Address:

From: To: Did you graduate? Yes No Degree:

Describe any other training or apprenticeship programs you consider relevant to the position you are applying.

PREVIOUS EMPLOYMENT

Company: Phone:

Address: Supervisor:

Job Title: Starting Wage: \$ Ending Wage: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? Yes No

PREVIOUS EMPLOYMENT, cont'd

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
Yes No
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
Yes No
May we contact your previous supervisor for a reference?

REFERENCES

Please list at least three Professional References

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

DISCLAIMERS AND SIGNATURE

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 may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to verify the information in the application. I release from all liability or legal claims for 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 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 understand this application will be considered inactive after thirty (30) days.

I understand that if my application is accepted and I am offered employment the employer may condition employment upon the successful completion of a physical or medical exam.

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

Applicant's Signature: _____ Date: _____