

2000 South 4th Street, Milwaukee, WI 53204

1320 Gillingham Road, Neenah, WI 54956



APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION (Please Print) VALID FOR 90 DAYS Driver's License # (if applicable) _____

Name _____ Telephone # () _____
Last First Middle Initial

Address _____ How Long? _____
Street City State Zip

Former Address _____ How Long? _____

Position applied for: _____ Salary desired: _____

Available for work: Date: _____ Are you available to work overtime? [] Yes [] No State age if under 18: ____

Do you want: [] Full-time [] Part-time (preferred days and hours) _____ [] Temporary

Referred Source: [] Ad [] Agency [] Friend/Relative [] Walk-in [] Other: _____

Have you ever applied or been employed by this Company? [] Yes [] No If yes, please list job(s) and date(s): _____

List any friends or relatives currently employed by this Company: _____

EMPLOYMENT DATA: Begin with your present or last job and state experience over the past five (5) years. Include military assignments, part-time, and/or volunteer activities. Attach a separate sheet if necessary.

Are you employed now? [] Yes [] No If yes, may we contact your present employer? [] Yes [] No

If no, explain why _____

Company Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor and Title	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor and Title	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor and Title	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

EDUCATION

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	NO. OF YEARS COMPLETED	DEGREE/DIPLOMA
HIGH				
COLLEGE				
OTHER				

Are there any other experiences, skills, or qualifications which you feel would equip you to work for this Company? _____

List any professional organizations/activities relevant to the position for which you are applying: _____

Only U.S. citizens or aliens who have the right to work in the U.S. are eligible for employment. Can you, upon employment, documentation verifying your legal right to work in the U.S. and your identity? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No Conviction is not necessarily a disqualification. If yes, please give dates and explain.

Person to be notified in case of emergency: _____
 Name Relationship

Address Telephone Number

NOTICE TO APPLICANTS: Our company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer for employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I understand that misrepresentation, omissions of facts, or incomplete information requested, may result in my not being considered for employment.

I certify all statements given herein are true and complete and if employed, understand that false or misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

I authorize investigation of all statements contained in this application and any attachments for employment as may be necessary in arriving at an employment decision. I hereby release the Company, and all persons and organization, from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.

I understand that I am required to abide by all rules and regulations of the Company, and that my offer of employment may be contingent upon successfully passing a drug screen and other screens. After a conditional job offer, I may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. I understand that if I am employed I will be subject to a 90 calendar day introductory period.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

Signature of Applicant Date

Print Name

Preparer and/or Translator Certification. (To be completed and signed if release is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's Translator's Signature Print Name

Address (Street Name and Number, City, State, Zip Code) Date (month, day, year)

BACKGROUND RESEARCH RELEASE AUTHORIZATION AND GENERAL RELEASE

The undersigned _____ in connection with this
(Applicant)

application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Paul Davis Restoration of S.E. Wisconsin, Inc. or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant (Signature)

Date

Applicant (Print Name)

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Preparer's Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month, day, year)

DATA PRIVACY NOTICE

The information collected is to be used to determine your eligibility for employment and the performance of job functions. You are not required to provide the information and submit to the tests, but your failure to do so will result in Paul Davis Restoration & Remodeling of S.E. Wisconsin, Inc. withdrawing a conditional job offer. The results of the test performed will be private data and will not be released to other employers, governmental agencies, or persons without the written consent of the person tested, except as provided by regulation and law or pursuant to a court order.



Consent for Pre-Employment Drug and Alcohol Testing

I hereby consent to undergo a drug and alcohol testing, and authorize a collection of a urine, blood, and/or breath sample from me for said purposes.

I understand that the results of this drug and alcohol test may be discussed with and made available to my potential employer, Paul Davis Restoration & Remodeling of S.E. Wisconsin, Inc. I further understand that the results of this test may affect my potential employment.

Applicant (Signature)

Date

Applicant (Print Name)

Preparer and/or Translator Certification. *(To be completed and signed if release is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

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