

# CHARNECKE TENTS, INC.

5245 SHANTYTOWN DRIVE ROSHOLT, WI 54473  
PH. 715-341-6886 Email:charnecketents@g2a.net

## EMPLOYMENT APPLICATION

SOCIAL SEC. NO. Only need if hired \_\_\_\_\_

NAME \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE--ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE--ZIP

PHONE NO. \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

- ARE YOU 18 OR OLDER? **YES/NO** IF NOT, BIRTH DATE \_\_\_\_\_
- ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.? **YES/NO**
- DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS & TRAFFIC VIOLATIONS? **YES/NO** IF YES, DESCRIBE \_\_\_\_\_  
(ANSWERING YES WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT)
- DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? **YES/NO** \_\_\_\_\_
- DO YOU HAVE TRANSPORTATION TO WORK? **YES/NO**
- HOW DID YOU HEAR OF JOB? \_\_\_\_\_
- DATE YOU CAN START: \_\_\_\_\_

### U.S. MILITARY:

BRANCH OF SERVICE \_\_\_\_\_ DATE ENTERED \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_ HIGHEST RANK \_\_\_\_\_

### SCHOOL MOST RECENTLY ATTENDED:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE--ZIP

LAST GRADE COMPLETED \_\_\_\_\_ GPA \_\_\_\_\_

GRADUATED: **YES/NO** NOW ENROLLED: **YES/NO** SPORTS/OTHER \_\_\_\_\_

**THREE MOST RECENT JOBS:**

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_ JOB \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ DATES WORKED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_ JOB \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ DATES WORKED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_ JOB \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ DATES WORKED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**PERSONAL REFERENCES:** GIVE NAMES OF 3 PEOPLE NOT RELATED, WHOM YOU HAVE KNOW FOR AT LEAST ONE YEAR.

NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
TELEPHONE _____	TELEPHONE _____	TELEPHONE _____

\*IN CASE OF EMERGENCY NOTIFY:

NAME _____	ADDRESS _____	PHONE _____
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I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NOT DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_