



N2093 County Road N
 Appleton, WI 54913
 (920) 788-6344 * Fax (920) 788-7967

Application for Employment

NAME: Last		First	Middle Initial	PHONE NUMBER	POSITION APPLIED FOR
PERMANENT ADDRESS			DATE AVAILABLE	EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	
CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER - -	ARE YOU OF LEGAL AGE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS			DRIVER'S LICENSE NUMBER	STATE	
Have you ever been previously employed by our organization? <input type="checkbox"/> NO <input type="checkbox"/> YES			IF YES: Dates Employed	Department:	
Can you submit proof of legal employment authorization & identity? <input type="checkbox"/> NO <input type="checkbox"/> YES					

Previous Employment History

1. Employer's Name			Supervisor's Name & Title		
Address			Position Held	Start Date	End Date
City	State	Zip Code	Phone Number	Starting Wage	Ending Wage
Reason for Leaving			Duties Performed		

2. Employer's Name			Supervisor's Name & Title		
Address			Position Held	Start Date	End Date
City	State	Zip Code	Phone Number	Starting Wage	Ending Wage
Reason for Leaving			Duties Performed		

3. Employer's Name			Supervisor's Name & Title		
Address			Position Held	Start Date	End Date
City	State	Zip Code	Phone Number	Starting Wage	Ending Wage
Reason for Leaving			Duties Performed		

Educational Background

	Name of School Attended	Years Completed	Did You Graduate?	Course of Study	Degree or Diploma
High School					
College					
Technical Training					
Other					

Skills & Qualifications



Place an **X** and note the number of years next to each area in which you have prior experience

X	Skill	Years	X	Skill	Years	X	Skill	Years
	Office Equipment			Horticulture			Large Equipment	
	Computers			Construction			Small Equipment	
	Retail Sales			Carpentry			Mechanical	
	Sales			Forestry/Tree Work			Other:	

Summarize any job-related training, skills, licenses, certifications, and/or other qualifications (Use another sheet if necessary)

Have you ever been convicted of a felony? <input type="checkbox"/> NO <input type="checkbox"/> YES	If Yes: Offense _____ Date of Conviction _____	
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References

(Do not include relatives)

Name & Address	Phone Number	Years Known
Name & Address	Phone Number	Years Known
Name & Address	Phone Number	Years Known

I hereby authorize Vande Hey's to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Vande Hey's and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the company may change the terms and conditions of my employment, with or without cause, and with or without notice, at any time. I understand that no company representative, other than its president (and then only in writing and signed by the president) has any authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

*****May be Subject to Pre-Employment Drug Testing*****

Applicant's Signature: _____	Date: _____
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If you have information that does not fit on this application that you wish to supply, please attach on another sheet of paper. Email application to Linda Schumacher at l.schumacher@vandeheys.com with the subject "Employment Application" or mail or fax it to Vande Hey Company at the address or fax number on the front of this application.

FOR OFFICE USE ONLY					
Employee # _____	Hire Date _____	Start Date _____			
Position _____	Rate _____	Full Time _____	Part Time _____		
Résumé _____	Applicant Reference Check _____	Applicant Interview _____	Date _____	Time _____	