

Application for Employment

Allstates Rigging, Inc., 400 Columbus St., Two Rivers WI 54241 (920-657-1717)

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. All potential hires are required to pass a drug screen as a condition of employment.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How did you learn about us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name		
Address: Number		Street	City	State	Zip Code
Telephone Number(s)		Social Security Number			
			-	-	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No N/A

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

ALLSTATES RIGGING IS AN EQUAL OPPORTUNITY EMPLOYER.

Education

	Name & Address Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Additional Information

Specialized Skills

Check Skills/Equipment Operated:

CRT

PC

MSWord

MS Excel

Fax

PBX System

Calculator

Typewriter

Production/Mobile
Machinery (list):

Other:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Information

Start with your present or most recent employer. List below the last three employers. Be sure the following is fully completed. If you leave spaces blank or say "See Resume" your application may not be considered.

Employer	Supervisor	Phone	
Street	City	State	Zip
From (mo/yr) _____	To (mo/yr) _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Final Salary _____	per <input type="checkbox"/> Hour	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Work Performed _____			

_____ □			
Reason for leaving _____			

Employer	Supervisor	Phone	
Street	City	State	Zip
From (mo/yr) _____	To (mo/yr) _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Final Salary _____	per <input type="checkbox"/> Hour	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Work Performed _____			

Reason for leaving _____			

Employer	Supervisor	Phone	
Street	City	State	Zip
From (mo/yr) _____	To (mo/yr) _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Final Salary _____	per <input type="checkbox"/> Hour	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Work Performed _____			

Reason for leaving _____			

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

References

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____
3. Name: _____ Phone: _____
Address: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date