



532 Water St. Sauk City, WI  
(608) 643-5229

# Application for Employment

Position Applied for: \_\_\_\_\_

How were you referred to us? Internet Facebook Walk-In Other Referred by: \_\_\_\_\_

**Applicant Data:**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI  
(\_\_\_\_\_)

Previously Used Name / (Maiden Name) \_\_\_\_\_ Social Security # \_\_\_\_\_ Primary Phone \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Secondary Phone / Cell Phone \_\_\_\_\_ Street Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ Email Address

Are you legally authorized to work in the United State? Yes No  
Are you at least 18 years of age? Yes No  
If you are under the age of 18, are you able to provide a work permit? Yes No  
Have you ever applied here before? Yes / provide dates \_\_\_\_\_ No  
Have you ever been employed by WFG before? Yes / provide dates \_\_\_\_\_ No  
Do any of your friends / relatives work here? Yes / state names \_\_\_\_\_ No  
Have you ever been convicted of a crime or are you subject to any pending charges? Yes No  
If yes, (please describe circumstances) \_\_\_\_\_

\* A conviction will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking.

Date available for work: \_\_\_\_\_ Desired rate of pay: (Hourly) \_\_\_\_\_

Type of Work Desired Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Please indicate the days of the week you are able to work: Circle Days Mon Tues Weds Thurs Fri Sat Sun

**Education:** Name & Location Years Attended Degree  
High School \_\_\_\_\_ Graduated Yes No \_\_\_\_\_  
College \_\_\_\_\_ Graduated Yes No \_\_\_\_\_  
Technical /School \_\_\_\_\_ Graduated Yes No \_\_\_\_\_

Please list areas of expertise in hunting, fishing, and/or shooting sports:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History** List your most recent job first. Include volunteer activities and self-employment.

<b>Company</b>	<b>Dates Employed</b>		<b>Job Duties</b>
Address:	From:	To:	
Position(s) Held	<b>Rate of Pay</b>		
Immediate Supervisor and Telephone #	Beginning	End	Can we contact this employer? Yes                      No
Reason For Leaving			

<b>Company</b>	<b>Dates Employed</b>		<b>Job Duties</b>
Address:	From:	To:	
Position(s) Held	<b>Rate of Pay</b>		
Immediate Supervisor and Telephone #	Beginning	End	Can we contact this employer? Yes                      No
Reason For Leaving			

<b>Company</b>	<b>Dates Employed</b>		<b>Job Duties</b>
Address:	From:	To:	
Postion(s) Held	<b>Rate of Pay</b>		
Immediate Supervisor and Telephone #	Beginning	End	Can we contact this employer? Yes                      No
Reason For Leaving			

<b>References</b>	<b>Telephone Number</b>	<b>Relationship to You</b>

I certify that the information provided herein is true and complete to the best of my knowledge and understand that any omission, falsification, or misrepresentation may be considered sufficient reason for withdrawal of an offer of employment or subsequent dismissal if employed. I understand the information provided herein may be investigated as allowed by law. I consent to the release of information about my employment history, abilities and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations. This consent shall continue to be effective during my employment if I am hired.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_                      03/11/15

Date