

EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE ALL INFORMATION REQUESTED IN PRINT (PAGES 1-4), EXCEPT SIGNATURE						
	NOTE: APPLICA	NTS MAY	BE TESTE	D FOR ILL	EGAL DRUGS	
Date:						
Name:						
Last	First	Mide	dle		Maiden	
Present Address:						
Number St	reet	City	ity State Zip			
How Long:				Social Security No.:		
Telephone:						
lf under 18, please lis	t age:					
Position Applied For:					/Hours Available	
Salary Desired:			Mon	No Pref Thur Mon Fri Tue Sat Wed Sun		
How many hours can you work weekly? Can you work nights?						
Employment Desired:						
When available for work?						
EDUCATION & OTHER INFORMATION						
TYPE OF SCHOOL	NAME OF SCHOOL	(Comple	LOCATION ete mailing		NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School						



College				
Bus. or Trade School				
Professional School				

Have you	ever beei	n convicted of a c		
□ No □ Yes If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.				
Do you ha	ve a driv	er's license?	□ Yes	D No
What is yo	our means	s of transportatio	n to work?	
Driver's Li	Driver's License Number: State of issue:			
Expiration	Date:			
Have you had any accidents during the past three years? How many?				
Have you I	had any i	noving violations	during the past three years?	How Many?
OFFICE ONLY				
Typing Yes Yes Word Yes No WPM No Processing No WPM				
Personal Computer	□ Yes □ No	PC □ Mac □	Other Skills:	
Please list two references other than relatives or previous employers.				



Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:



An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY					
Have you ever been in the armed forces?					
Are you now a member of the n	ational guard?	🗅 No			
Specialty:	Date Entered: Discharge Date:				
	WORK EXPER	IENCE			
Please list your work experience f employed, give firm name. Attac			job held. If you were self-		
	JOB ONE	Į			
Name of Employer:	Name of Last Supervisor	Employment Dates	Salary		
Complete Address:		From:	Start:		
		То:	Final:		
Phone Number:	Your Last Job Title:				
Reason for Leaving (be specific):					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
JOB TWO					
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary		
Complete Address:		From:	Start:		
• • • • • • • • •		То:	Final:		

Emmerich Properties 1105 Grand Avenue, Suite 5 Schofield WI 54476 715-359-1500 www.HelpRent.com



Phone Number:	Your Last Job Title:			
Reason for Leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

JOB THREE				
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary	
Complete Address:		From:	Start:	
		То:	Final:	
Phone Number:	Your Last Job Title:			
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
May we contact your present employer?				
Did you complete this application yourself?				
If not, who did?				



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Emmerich Properties (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Emmerich Properties, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Emmerich Properties may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.



Thank you for completing this application form and for your interest in our business.