

Office Use Only	
Position _____	
Starting Date _____	Pay \$ _____

<p align="center">Opelt Sand & Gravel N2429 State Hwy 95 Neillsville, WI 54456 (715) 743-3019 Fax (715) 743-6701</p>

APPLICATION FOR EMPLOYEMENT

(Please Print Clearly)

Name: _____ Date: _____ Telephone: _____
Last First Middle

Address: _____
No. Street City State Zip Code

Driver's License Number _____ Expiration Date _____

Date of Birth: _____ Are you a US Citizen? Yes No If no, Resident Alien No. # _____

Veteran of U.S. Armed Forces? Yes No If yes, what Branch? _____ Rank at discharge _____

Position Applied for? _____ Salary desired \$ _____ per week.

Are you applying for: Full-Time Part-Time Temporary? _____

Were you previously employed by us? Yes No If yes, when? _____ Position _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? Yes No If yes, describe such condition _____ Are you willing to take a physical examination at our expense? Yes No _____ Please list any friends or relatives working for us: _____

(Names)

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

School	Name and Address of School	Coarse of study	Check last year completed				Did you graduate?	List Diploma or Degree
Elementary	_____	X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
	_____		_____	_____	_____			
	_____		_____	_____	_____			
High	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____		_____	_____	_____			
	_____		_____	_____	_____			
College	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____		_____	_____	_____			
	_____		_____	_____	_____			
Other (Specify)	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____		_____	_____	_____			
	_____		_____	_____	_____			

Personal References (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

List below all present and past employment, beginning with your most recent

Start Date	End Date	Name and Phone Number of Employer	Duties and work performance	Salary	Reason for Leaving
				Start \$ _____ Final \$ _____	
				Start \$ _____ Final \$ _____	
				Start \$ _____ Final \$ _____	
				Start \$ _____ Final \$ _____	

Have you ever been suspended or discharged from employment? Yes No. If yes, Please explain _____

Are you now employed? Yes No. If yes, where? _____

May we contact the employers listed above? Yes No. If no, indicate by no.# which one(s) you do not wish for us to contact _____

<u>Emergency Contact Information</u>	
Name _____ Phone # _____	Relationship _____ Work# _____
Name _____ Phone # _____	Relationship _____ Work# _____
Name _____ Phone # _____	Relationship _____ Work# _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for the cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquires. I have read these statements and answers to these inquires. Yes No

Date _____ Signature _____