

WISCONSIN

102 Stimpson Street, P. O. Box 287, Watertown, WI 53094

APPLICATION FOR EMPLOYMENT	Today's Date:					
Name						
First	Middle	Last				
Address						
Number & Street	City	State	Zip Code			
Social Security #	Date of Birth*	//	Phone #			
Social Security # Date of Birth* / / Phone # Do you have your own vehicle? Are you authorized to work in the U.S.A.? Phone # Have you filled out an application or been employed here before? If yes, give date(s):						
Are you currently employed? If yes	s, please provide: shift s	tart time	shift end time			
Have you ever been convicted of a crime or are traffic violations) If yes, descri						
Name & Location of S	chool	# of years	Graduated?			
High School						
College/Technical						
Please describe any special training, apprentices to work:		ricular activities that m	ay enhance or impair your ability			
The following questions have to do with the janita	orial business. Please a	nswer all of the question	ons.			
Have you ever done janitorial work before? Where?						
How long were you there? Have you ever worked for a janitorial business before?						
Name of building you worked?	Fuil or part-time?					
What were your duties?						
Position you are applying for:	How did yo	ou hear about this posi	tion?			
MILITARY SERVICE What branch? Type of discharge If other than honorable, explain:						
REFERENCES Please list names, addresses and phone number 1		•	ou or living with you:			
2						
*The Age Discrimination in Employment Act of 1 are at least 40 years of age.	967 prohibits discriminal	ion on the basis of age	e with respect to individuals who			
EMPLOYMENT RECORD						
List each job held, starting with current or last job Employer		to_	End wage			
Address	Job title		0			
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Telephone # Supervisor Reason for leaving Employer From to End wage __ Address Job title Work performed Telephone # Supervisor Reason for leaving Employer End wage ____ From _ _____ to _____ Address Job title Work performed _ Telephone #

Supervisor		Reason f	or leaving		
o you want FULL or PART-time work? Reason for part-time? ow long do you plan to work part-time?					
Availability: SUNDAY Fromto FRIDAY	MONDAY Fromto SATURDAY	TUESDAY Fromto		Fromto	
From to	Fromto		ou want to work each w		
If hired, when could you	begin? D Date	o you have reliable trans	sportation to get to work	? Yes No	
	\$\$????????????????????????????????????	??????????????????????????????????????]	\$?????????????????????????????????????	
Complete Name:First	Middle	9	Last		
Street Address		City	State	Zip Code	
How long have you lived	at the above address? _	Please list pr	evious address:		
I, the undersigned, do her in their records under my unauthorized use of said i	name and date of birth to 2			ny information that they may have for damage resulting from	
Signature	Da	te of Birth	Social Security Nu	umber	
<u>\$</u> \$\$\$\$????????????	<u>399999999999</u>	<u> </u>	ımber	
	PERMI	????????? SSION FOR REFEREN	J <u>CE RELEASE</u>		
	d employment references. ay in good faith concerning	I also release from any a	and all liability all individua	rize ZBM, Inc. to request als and organizations who provide nd other qualifications, including	
Date	_ Signature		Former Na	ime	
It is ZBM, Inc.'s policy not in any amount and regard				medically acceptable prescription,	
Federal law prohibits the e submit satisfactory proof o proof within the required ti	of employment authorization	on and identity within three	ent relationship is establis e (3) business days of be	hed, you will be required to ing hired. Failure to submit such	
cause for denial of employ	/ment. I consent to invest n any and all liability all rep	gation by ZBM, Inc. of all presentatives of ZBM, Inc.	references and previous	omission of fact shall be sufficient employers to secure additional in good faith in connection with	
without cause, and with or	yed by ZBM, Inc. I undersi without notice, at any tim	and my employment can e.	be terminated by either 2	ZBM, Inc. or me at will, with or	
Signature		Da Danananananananananananananananananan	ate	<u></u>	
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Hired? Starting	g date Wh			Where	
Building hired for		Full or part-time		Wage	
Employee number:					