

# APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Applications can be emailed to: applications@steiner-electric.com

Please type or print, and answer all questions



## PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER DAY: ( ) \_\_\_\_\_  
EVENING: ( ) \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER?: YES  NO

Are you authorized to obtain lawful employment in this country? YES  NO

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license? YES  NO

If the job desired requires the use of a commercial driver's license, do you have a valid commercial driver's license? YES  NO

Do you have pending charges or convictions?: YES  NO  If yes, provide further information as to the offense(s) date, location of court, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic charges (this will only be given consideration if the offenses are substantially related to the particular job).

## EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

## EDUCATION AND TRAINING

This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.

| EDUCATION                | NAME AND LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--------------------------|-----------------------------|-----------------------|-------------------|------------------|
| GRAMMAR SCHOOL           |                             |                       |                   |                  |
| HIGH SCHOOL              |                             |                       |                   |                  |
| COLLEGE                  |                             |                       |                   |                  |
| TRADE OR BUSINESS SCHOOL |                             |                       |                   |                  |

Describe any other training or apprenticeship programs you consider relevant to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

## WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

|              |                      |                     |
|--------------|----------------------|---------------------|
| Employer:    | Street Address:      |                     |
| Your Title:  | City, State, Zip:    |                     |
| Your Duties: | Phone:               | Name of Supervisor: |
|              | Total Time Employed: |                     |
|              | From (Month & Year): | To (Month & Year):  |
|              | Last Rate of Pay:    |                     |
|              | Reason For Leaving:  |                     |

|              |                      |                     |
|--------------|----------------------|---------------------|
| Employer:    | Street Address:      |                     |
| Your Title:  | City, State, Zip:    |                     |
| Your Duties: | Phone:               | Name of Supervisor: |
|              | Total Time Employed: |                     |
|              | From (Month & Year): | To (Month & Year):  |
|              | Last Rate of Pay:    |                     |
|              | Reason For Leaving:  |                     |

|              |                      |                     |
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|              | From (Month & Year): | To (Month & Year):  |
|              | Last Rate of Pay:    |                     |
|              | Reason For Leaving:  |                     |

|              |                      |                     |
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| Your Duties: | Phone:               | Name of Supervisor: |
|              | Total Time Employed: |                     |
|              | From (Month & Year): | To (Month & Year):  |
|              | Last Rate of Pay:    |                     |
|              | Reason For Leaving:  |                     |

**REFERENCES (Persons not related to you)**

| NAME | ADDRESS | TELEPHONE NUMBER | BUSINESS | YEARS ACQUAINTED |
|------|---------|------------------|----------|------------------|
|      |         |                  |          |                  |
|      |         |                  |          |                  |
|      |         |                  |          |                  |

**AUTHORIZATION, RELEASE, AND CERTIFICATION**

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand this application will be considered inactive after thirty days.

I understand that if my application is accepted and I am offered employment, the employer may condition employment upon the successful completion of a physical, medical, or drug testing exam.

I certify I have read and understand this authorization, release, and certification.

Dated: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_



2323 SYLVAN WAY WEST BEND, WI 53095