



N65W24770 Main Street  
Sussex, WI 53089-2651

# 2018 Employment Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Street City State Zip Code  
 Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Are you 18 years of age or older?  
 In case of emergency, notify \_\_\_\_\_ Phone # \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Start Date \_\_\_\_\_ Salary / Wage Expectation \_\_\_\_\_  
 Are you currently employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

## EDUCATION

Level	Name / Location of School	# of Years Attended	Did you graduate?	If you left prior to completion, please explain
High School				
College				
Other				

Any US Military / Naval Service? \_\_\_\_\_ If Yes, what was your rank? \_\_\_\_\_

Are you currently serving in the National Guard or Reserves? \_\_\_\_\_

## EMPLOYMENT HISTORY – Please provide accurate / complete information. Start with present / most recent.

Dates of Employment	Name, Address, Phone # of Employer	Yearly Salary or Hourly Wage	Your Position or Title	Reason you left
From To				
From To				
From To				

Have you ever been convicted of a crime? *Note: A record of conviction is not an absolute bar to employment.*  
 If yes, please explain.





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**REFERENCES** Please note the names and contact information of three people not related to you, whom you have known for at least one year.

Name	Address	Business	Years Acquainted

**PRE-EMPLOYMENT DRUG TESTING**

**DRUG TEST CONSENT**

I understand that my potential employment is contingent upon, among other things, successful completion of a urinalysis drug screening for illegal drugs. I agree to abide by any decision made by the Company in this regard.

Signature / Enter Full Name and Current Date

"I CERTIFY that my answers to the above questions and statements are true and correct, and hereby authorize you to contact references, past and present employers, and any other sources of information which may be relevant to my application for employment. I release them and their organizations from all liability for any damage whatsoever for issuing same. It is understood and agreed that any misrepresentation by me in the Application will be sufficient reason for dismissal at any time during employment, without liability to this Company. If employed, I agree to abide by all of the work and safety rules of the Company. I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company. If hired, I understand that my status as an employee is on an employment-at-will basis. I have the right to terminate my employment at any time and the Company retains a similar right to terminate my employment at any time for any reason."

Signature / Enter Full Name and Current Date

**WHERE DID YOU HEAR ABOUT SUSSEX IM?**

Name of Friend/Relative

Website

Other

<i>For Office Use Only</i>			
DRUG TEST		BIRTHDATE	
ORIENTATION		TIME	
START DATE		EMPLOYEE #	
SHIFT	PLANT		WI CHECK

