



CORPORATE OFFICE

3011 Enloe Street, Hudson, WI 54016
Phone 715-386-8836
Fax: 715-386-8889

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

DOCK APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANT: Please print answers to all questions and sign in both places on the last page.

Date of Application Social Security #

Name Last First Middle

Current Address Street City State Zip Code
Phone How Long at this address? yr./mo.

Previous Addresses For past Ten years Street City State Zip Code
Phone How Long at this address? yr./mo.

Street City State Zip Code
Phone How Long at this address? yr./mo.
List additional addresses on a separate page

Do you have the legal right to work in the United States?

Date of Birth Can you provide proof of age?
(Required for Commercial Drivers Only)

Emergency Contact Person Phone

Have you worked for this company before? Dates: From to
If not, how long has it been since leaving your last employment?

How did you hear about this company? Advertisement Friend Relative Other
Who referred you? Rate of pay expected

Have you ever been bonded? Name of bonding company
(Answer only if a job requirement)

Have you ever been convicted of a felony?
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?
If yes, explain if you wish

Would you be willing to take a physical examination and pre-employment drug test? (Dock only)

EMPLOYMENT HISTORY RECORD FOR PAST 3 YEARS

Identify your present and previous employers starting with the most recent. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Current or Most Recent Employer: Name _____ Supervisor _____
Are you presently employed? Yes No May we call your current employer? Yes No
Address (St./City/State/Zip) _____ Telephone _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Work performed: _____
Why do (did) you want to leave? _____

Second Last Employer: Name _____ Supervisor _____
Address (St./City/State/Zip) _____ Telephone _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Work performed: _____
Why do (did) you want to leave? _____

Third Last Employer: Name _____ Supervisor _____
Address (St./City/State/Zip) _____ Telephone _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Work performed: _____
Why do (did) you want to leave? _____

Fourth Last Employer: Name _____ Supervisor _____
Address (St./City/State/Zip) _____ Telephone _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Work performed: _____
Why do (did) you want to leave? _____

Fifth Last Employer: Name _____ Supervisor _____
Address (St./City/State/Zip) _____ Telephone _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Work performed: _____
Why do (did) you want to leave? _____

Sixth Last Employer: Name _____ Supervisor _____
Address (St./City/State/Zip) _____ Telephone _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Work performed: _____
Why do (did) you want to leave? _____

Best time to contact you at home is: _____:_____ AM or PM

Do any of your friends or relatives work here Yes No
If yes, state name, relationship and location _____

Are you currently employed? Yes No

Are you available to work full time: Yes No

Are you available to work part time: Yes No

Are you available to work day shift: Yes No

Are you available to work afternoon shift: Yes No

Are you available to work the night shift: Yes No

Can you travel if a job requires it: Yes No

Are you currently on "lay-off" status and subject to recall: Yes No

Dates available for work ____/____/____ What is your desired salary range? _____

Show special courses or training that will help you in the position applying for: _____

Type of equipment worked on: _____

EDUCATION: Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College _____

Last School Attended: Name _____ City _____ State _____

MILITARY STATUS: Have you served in the US Armed Forces Yes No Branch? _____

Honorable Discharge? Yes No

Personal/Professional References:

Name: _____ Occupation: _____

Phone : _____ Best Time to Call: _____

Name: _____ Occupation: _____

Phone : _____ Best Time to Call: _____

Name: _____ Occupation: _____

Phone : _____ Best Time to Call: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by the President of the Company.

By signing below I acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

Past Employers Contacted: (1) _____
(2) _____
(3) _____

Notes on Prospective Employee/References Checked: _____

Applicant Hired _____ Applicant Rejected _____

Date Employed _____ Location Employed _____

Signature of Person Doing Hiring: _____