

# WIEDMEYER SERVICE CENTER

3462 Town Hall Rd., Kewaskum, WI 53040

262-334-1413, Fax 262-334-4216

Employment Application – Position applied for: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit# \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Desired Salary \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No If yes, explain \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? Yes No Degree \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? Yes No Degree \_\_\_\_\_

Other \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? Yes No Degree \_\_\_\_\_

## REFERENCES

*Please list three professional references.*

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous employer? Yes No

Company \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous employer? Yes No

Company \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous employer? Yes No

Company \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous employer? Yes No

Company \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous employer? Yes No

**MILITARY SERVICE**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than Honorable, explain.

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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PRE-EMPLOYMENT DRUG / ALCOHOL TESTING  
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath and/or blood for analysis, as shall be determined by Wiedmeyer Service Center in order to meet with their policy regarding the selection of applicants of employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application if employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS:

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_