

****All Applicants will be subject to a pre-employment drug test.**



Employment Application

969 Koopman Lane
Elkhorn, WI 53121

Phone: 262-743-1606
Fax: 262-743-2528

Date:

Personal Information						
Last	First	MI	SSN#	Email		
Street Address		City	ST	Zip	Home Phone	Mobile Phone
Are you eligible to work in the United States?			Are you 18 or older?			
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?			If yes, please explain:			
Military Service?		Branch	Are you a veteran?		War	
What position are you applying for?			How did you hear about this position?			
			Do you have reliable transportation?			
Desired Hourly Rate	Will you work 2nd shift?		Date Available			
	Will you work OT?					

Prior Work Experience						
	Current or Most Recent		Prior		Prior	
	Employer					
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	Yes _____ No _____		Yes _____ No _____		Yes _____ No _____	

Education							
	Name/Location	Last Year Complete				Degree	Major or Emphasis
		9	10	11	12		
High School							
College/University							
Trade School							
Other							
List any applicable special skills, training or proficiencies.							

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for all former employers to be contacted regarding work records.	Signature	Date
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VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

This form is required by the U.S. Department of Labor to assist in monitoring Affirmative Action Programs and to aid the company in complying with any required governmental record keeping or periodic reporting. If you choose to provide the information, please complete the following information, please print. If you prefer not to complete the form, the items in red or marked with an * must be completed anyway.

*This information is not part of your employment application,
and won't be considered in the employment/selection process.*

Name of company you are applying to*: _____

Title of job applied for*: _____

State where application will be turned in*: _____

Your name*: _____

Your address*: _____

Street & Number

City State Zip

Your phone number*: _(_____)_____ Today's date*: _____

Gender: Male Female

RACE (check one)

- White - origins in Europe, North Africa, or Middle East.
- Black - origins in any of the Black African racial groups not of Hispanic origin
- Hispanic - Mexican, Puerto Rican, Cuban, Central or S. American or Spanish Culture or origin
- Asian and Pacific Islander - origins in Far East, S.E. Asia, the Indian Subcontinent, or the Pacific Islands
- American Indian or Alaskan native - origins in North America, to include Alaska, and maintaining identifiable tribal affiliations through membership and participation or community identification
- Two or more races

VETERAN/U.S. MILITARY STATUS (check one)

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (8/5/64 - 5/7/75)
- Vietnam Era Veteran with service incurred disability
- Post Vietnam Era Veteran
- Post Vietnam Era Veteran with service incurred disability

REFERRAL SOURCE. HOW DID YOU LEARN ABOUT A JOB HERE? (check one)

- Workforce Development Friend Relative Current Employee
- Employment agency Walk-in Other
- Advertisement (Which newspaper?) _____

*In the event you are hired, information on this form will not be kept in your personnel file.
In compliance with all Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.*



AUTHORIZATION FOR BACKGROUND AND REFERENCE CHECK

Please read and sign the form in the space provided below. Your written authorization is necessary for completion of this application process.

I authorize Prop Shaft Supply, Inc. to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information, which may be in any state or local files, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I hereby consent to PropShaft Supply, Inc. verification of all the information I have provided on my application form. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from all and any causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answer or statements, or misrepresentation by omission, made by me on this application or any related document will be sufficient for rejection of my application or for my immediate discharge should such falsification or misrepresentation be discovered after I am employed.

Applicant Full Legal Name: _____

Social Security Number: _____

Applicant Signature: _____ **Date:** _____

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