

Application for Employment

1775 4th St
Fennimore, WI 53809
1-800-321-2128



Applicants requiring accommodation to the application or interview process can contact us at hr@newhorizonsco-op.com.

Position(s) applied for _____ Date of Application _____

Type of employment Full-Time Part-Time

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone _____ Email Address _____

Driver's license number (if job-related) _____ State _____

If you are under 18, can you furnish a work permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been employed here before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you legally eligible for employment in this country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to meet the attendance requirements of the position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been convicted of a crime in the last seven (7) years? <small>(Such conviction may be relevant if job-related but does not bar you from employment.)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain:		

Employment History List your last three employers starting with the most recent.

FROM:	TO:	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE JOB RESPONSIBILITIES	
REASON FOR LEAVING		STARTING PAY	FINAL PAY
FROM:	TO:	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE JOB RESPONSIBILITIES	
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FROM:	TO:	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE JOB RESPONSIBILITIES	
REASON FOR LEAVING		STARTING PAY	FINAL PAY

Skills and Qualifications Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

Educational Background

NAME & LOCATION	YEARS ATTENDED	DEGREE RECEIVED	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

References

NAME OF REFERENCE	TELEPHONE	RELATIONSHIP

It is understood and agreed upon that any misrepresentation by me on this application will be cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

The employer is an **Equal Opportunity Employer**. The employer does not discriminate in employment and questions on this application are not used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no employer representative has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of the need for an accommodation that would be required by the Americans with Disabilities Act.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete Form I-9 in this regard. I understand that a bank account is required for direct deposit of employee paychecks and will provide authorization for New Horizons to initiate entries to this account.

Signature of Applicant _____ Date _____