

Employment Application – An Equal Opportunity Employer – Felling Trailers, Inc. does not discriminate against its employees, or applicants for employment, because of race, color, region, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Personal (Please Print)

Name:					Date:	
Last	First		Middle Initia	al		
Mailing Address:					Telephone:	
Street		City	State	Zip		
E-Mail Address:					_Cell:	
Positions of Interest:			De	sired Shift:	Day Night Week	end
How did you learn about Felling Tra	ilers, Inc.?	D	esired Location:	□ Sauk (Centre Litchfield Either	
Advertisement		□ Friend/Relative □ Felling T		Frailers Employee		
w	here				who	
Employment Office			□ Walk-In	□ Other _		
name					specify	
If you have submitted an application before, when?				Were y	ou interviewed?	No
If you have been employed by Felling's before, when?				What jo	b(s)?	
When could you be available for work?		□ After _	weeks n	otice.	On or after (specify date)	
Salary desired:	Are you interested	in working	ı (check all that a	apply) 🗆 Fi	ull Time	orary

Education and Training

	Name and Location of School	Course of Study	Length of Attendance	Did you graduate?	Degree/ Diploma
High School				5	
College/Tech/ Trade School					
College/Tech/ Trade School					
Other (specify type)					

Describe academic achievements, extracurricular activities, awards, concentrations of study, etc. you feel are significant.

Special Skills and Qualifications – List specialized computer applications (software, hardware, operating systems, etc.), office equipment, production equipment, and other specialized skills that you have.

Experience

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Employment:	Starting with present or	last job, provide the information requested. You may limit your listing to the previous 5 years.
	□ Yes I	No Are you currently working for this employer?
	□ Yes	No If yes, can we contact your current employer?
1. Employer		Dates
. ,		
		to
Location		
Location		
		Position(s)
		Work Performed
Telephone		
•		
Supervisor		
Reason for Lea	aving	
	5	

2. Employer	Dates
	to
Location	Position(s)
Telephone	Work Performed
Supervisor	
Reason for Leaving	

3. Employer	Dates		
	to		
Location	Position(s)		
Telephone	Work Performed		
Supervisor			
Reason for Leaving			

-CONTINUED ON THE FOLLOWING PAGE-

4. Employer	Dates		
	to		
Location	Position(s)		
	Work Performed		
Telephone			
Supervisor			
Reason for Leaving			

Additional Work Experience May Be Listed On a Separate Page – Copy This Form or Provide the Same Information on Plain Paper

We may contact the companies listed above unless you indicate those you do not want us to contact.

Do not contact: Employer number(s) _____ Reason: _____

<u>Military</u>

If yes, did your military service and training provide you with skills you could put to use in this job? Please explain.

Additional Significant Experience

List trade, professional, business, community activities you feel are relevant. Include responsibilities and training received.

Additional Information (Optional):

Include any additional information you feel may be helpful in assessing your qualifications for employment.

-ADDITIONAL INFORMATION REQUESTED ON NEXT PAGE-

References List individuals who can verify your skills and character. Include how they know you. **Do not include people who are only personal** friends.

1.		
(Name)		Telephone Number
(Address)		(How Known)
2		
(Name)		Telephone Number
(Address)		(How Known)
3(Name)		Telephone Number
(Address)		(How Known)
Disclaimer and Signature I certify that my answers are true and complete to the b	est of my knowledge.	
If this application leads to employment, I understand th	at false or misleading information in r	my application or interview may result in my release.
Signature:		Date:

Interview Results (For office use only)

Interviewer Name and Comments:
If not hired, reason for failure to employ. :