



Major Industries, Inc.
 7120 Stewart Ave.
 Wausau, WI 54401
 Phone: 715-842-4616/Fax: 715-849-3140

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination of race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Name _____ Date _____
Last First Middle

Address _____ SS# _____
 City, State, Zip _____ Phone _____

Previous Address _____
 City, State, Zip _____

Previous Address _____
 City, State, Zip _____

Are you 18 years or older YES/NO Valid Driver's License YES/NO
 Are you legally eligible for employment in the U.S. YES/NO
(Proof of eligibility will be required upon offer of employment)

Indicate source which referred you:

Employee referral by _____ Published advertisement _____
 Walk-in Job Service Other (specify) _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____
 Have you ever applied to this company before? YES/NO When _____
 Have you ever been employed by this company? YES/NO When _____
 What type of position are you interested in? FULL TIME PART-TIME TEMPORARY
 Are you able to work overtime? YES/NO What shift can you work? 1st 2nd 3rd
 Are you currently employed? YES/NO If so, may we contact present employer? YES/NO

EDUCATION

School	Name/Address of School	Years Completed	Course of Study	Diploma/Degree
High School				
Business/Trade/Technical				
Undergraduate/Graduate College				

Please list any special skills and training that you received that are relevant to the position desired.

List professional, trade, business or civic activities and offices held. (Exclude those which may indicate gender, race, religion, national origin, age, ancestry, disability, or other protected status.)

Are you capable of performing the essential functions of the job you are applying for, with or without reasonable accommodations? _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. **Please begin with your most recent employer.**

Company Name		Telephone ()	
Address		Employed From:	To:
Job Title & Responsibilities		Hourly Pay Start:	End:
		Reason for Leaving:	
Supervisor			

May we contact present employer? _____ yes _____ no

Company Name		Telephone ()	
Address		Employed From:	To:
Job Title & Responsibilities		Hourly Pay Start:	End:
		Reason for Leaving:	
Supervisor			

Company Name		Telephone ()	
Address		Employed From:	To:
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Company Name		Telephone ()	
Address		Employed From:	To:
Job Title & Responsibilities		Hourly Pay Start:	End:
		Reason for Leaving:	
Supervisor			

REFERENCES

Please list three personal references not related to you, other than those listed above.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP/OCCUPATION

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment. I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Major Industries, Inc. that such employment is at will, for no specified duration and may be terminated by either Major Industries, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Major Industries, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Major Industries, Inc. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for 60 days. If I wish to be considered for employment after this period I must fill out and submit a new application.

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

SIGNATURE _____ DATE _____

Name and phone number of person completing this form if other than applicant: _____