

Application for Employment
API Services, Inc.
205 Doty Street, Suite 202
Green Bay, WI 54301
920-435-8317

DATE: _____

Name: _____			
(Last)	(First)	(MI)	(Maiden)
Address: _____			
	(City)	(State)	(ZIP)
Telephone #: _____		Social Security #: _____	
Driver's license number(s) and state(s) licensed: _____			

	YES	NO
Are you able to meet the attendance requirements?	_____	_____
Do you own reliable transportation?	_____	_____
Do you have liability insurance on your personal auto?	_____	_____
Do you have a home phone?	_____	_____
Do you have any objection to working overtime if necessary?	_____	_____
Can you travel if required by this position?	_____	_____
Have you ever been previously employed by our organization?	_____	_____
Can you submit proof of legal employment authorization and identity?	_____	_____
Are you 18 years of age or older?	_____	_____
Have you ever been convicted of a crime?	_____	_____
If yes, please explain (a conviction will not automatically bar employment): _____		

How were you referred to us? _____		

Position(s) applied for: _____
Type of Employment desired: _____ Full-time _____ Part-time _____ Temporary
What shifts can you work? _____ 1 st shift _____ 2 nd shift _____ 3 rd shift _____ Weekends
Date you will be available to start work? _____
Desired Salary/Wage: _____

Emergency Contact		

Name)	(Phone number)	(Relationship)

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

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Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

	Name and Location	Years completed	Course of Study	Degree Earned	GPA
High School					
College					
Technical					
Other					

References (Do not include relatives or employers)

Name	Address	Telephone #	Years known

RESIDENCES

Please provide the following information for all current and past residences for the previous 10 years. Please attach an additional page if more space is required.

From	To	Street Address	City	County	State	Zip Code
___/___	___/___					
___/___	___/___					
___/___	___/___					

Military History

Branch	Date Entered	Date Discharged	Type of Discharge	Highest Rank and Unit
	___/___/___	___/___/___		

Armed Forces Reserve Branch National Guard: Active ___ **Inactive** ___

If US military service is within the last five (5) years, please provide your original DD Form 214 to Access Authorization Programs for confirmation.

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____

City and State where application was completed: _____

For internal use only

Reviewed by: _____ **Date:** _____

Status: _____