

LEON COUNTRY FLOORS & MORE

20548 State Highway 27, Sparta, WI 54656
 Phone: 608-269-5366 FAX: 608-269-5376

Application for Employment

Instructions: Please fill out the application completely even if you attach a resume.

Personal Information

Name (Last, First, Middle Initial)		Date:	
Present Address	City	State	Zip Code
Phone Number Day () Evening ()	Email Address (optional)	Referred By: (optional)	

Position Applying For	Date You Can Start	Salary Desired \$ _____ /HR
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, May we Contact your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have You Ever Applied To This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Worked For This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?	

Availability For Work

Type of Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Available From _____ To _____
Will you work overtime during the workweek if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you work weekend overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any ongoing obligations or other personal commitments that would affect your work schedule? If yes, please describe: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal

Are you at least 18 years old ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no please state your age:
Have you ever been disciplined or terminated from employment? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any law violation, except a minor traffic violation? (A conviction does not automatically bar employment) If yes, please provide details.	
Do you have any physical limitations that may affect your ability to do the job you are applying for?	

Education And Training

	School Name City and State	#Years Attended	Did you Graduate?	Major Subjects, Special Courses, and Degrees
High School				
College or University				
List any other special skills, licenses, or certifications				

Give a complete account of your employment, including salary history. Begin with your present or most recent position. Please attach an additional sheet if necessary.

Month/Year Started:	Name, Address, Phone of Employer	Starting:	<u>Salary</u>	Reason for Leaving:
Month/Year Ended:		Ending:		Supervisors Name:
List your duties:				
Month/Year Started:	Name, Address, Phone of Employer	Starting:	<u>Salary</u>	Reason for Leaving:
Month/Year Ended:		Ending:		Supervisors Name:
List your duties:				
Month/Year Started:	Name, Address, Phone of Employer	Starting:	<u>Salary</u>	Reason for Leaving:
Month/Year Ended:		Ending:		Supervisors Name:
List your duties:				

Personal References: Please provide a minimum of two people who are not related to you.

First Name, Last Name	Home Address or Company & Title	Relationship To You	Telephone Number

Certificate Of Applicant

All information provided by me is true and correct to the best of my knowledge.

Date: _____

Signature of Applicant: _____