



## **EMPLOYMENT APPLICATION**

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# GHIDORZI COMPANIES

## APPLICATION FOR EMPLOYMENT

***APPLICATION COMPLETION INSTRUCTIONS:***

Please take the time to complete this application form in its entirety. We ask that you answer each question fully and accurately to help us to give your application the full consideration it deserves. We would like to point out that it is a Company Policy to carefully check candidates' backgrounds. The intentional omission or misstatements of facts are causes for disqualification. If you need help or assistance in answering any questions on this form, please contact us and we will be glad to help you.

<b>BE SURE EACH QUESTION IS ANSWERED FULLY, CLEARLY AND ACCURATELY</b>			Date
Name (Print)	Last	First	Middle
			Social Security Number
Present Address	Number	Street	City State Zip Code
Phone Number	Area Code	Number	E-mail address
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act, and your employment is contingent upon furnishing such documents.)</i>			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full, including date(s). <i>(Note: Conviction or pending charges will not automatically disqualify an applicant from consideration for employment. Prior conviction(s) or pending charges will be considered as they relate to the job applied for, or if the applicant is not bondable for a job requiring bonding.)</i>			
How did you learn of Ghidorzi Companies? (Be specific) <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Other: _____ <input type="checkbox"/> Current Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Internet: Please list website: _____			
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? <input type="checkbox"/> 10-20% <input type="checkbox"/> 30-40% <input type="checkbox"/> 50%+		Do you obtain a Driver Licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired			Salary Expected \$ Per
<b>Availability:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship			
Have you ever been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?			
When would you be available to begin working?			

***Education and Training:***

School Name and Location	Circle Last Year Completed	Did you Graduate?	Grade Average	Diploma, Degree or Course of Study
High School	1 2 3 4	Yes No		
College	1 2 3 4	Yes/Year ____ No		
Graduate School	1 2 3 4	Yes/Year ____ No		
Apprentice, Business - Technical School	1 2 3 4	Yes/Year ____ No		
Other	1 2 3 4	Yes/Year ____ No		
Armed Forces	Describe Skills Acquired			

**Employment History:**

<b>PRESENT OR LAST EMPLOYER</b> Ref. Sent ____	Company Name			Employed From _____ To _____	
	Street Address		City	State	Zip Telephone ( )
	Type of work/Job title	Last Salary	Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Name of supervisor/extension
	Reason for leaving		May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		From _____ To _____
<b>NEXT PREVIOUS EMPLOYER</b> Ref. Sent ____	Company Name			Employed From _____ To _____	
	Street Address		City	State	Zip Telephone ( )
	Type of work/Job title	Last Salary	Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Name of supervisor/extension
	Reason for leaving		May we contact former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your name then (if different)
<b>NEXT PREVIOUS EMPLOYER</b> Ref. Sent ____	Company Name			Employed From _____ To _____	
	Street Address		City Madison	State WI	Zip Telephone ( )
	Type of work/Job title	Last Salary	Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Name of supervisor/extension
	Reason for leaving		May we contact former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your name then (if different)
<b>NEXT PREVIOUS EMPLOYER</b> Ref. Sent ____	Company Name			Employed From _____ To _____	
	Street Address		City	State	Zip Telephone ( )
	Type of work/Job title	Last Salary	Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Name of supervisor/extension
	Reason for leaving		May we contact former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your name then (if different)

**Other:**

If you are an experienced operator of any office machines, equipment or computers, please list: \_\_\_\_\_

List any additional training, experience, or skills that may qualify you for the job for which you have applied: \_\_\_\_\_

<b>REFERENCES:</b> Please list professional references to contact (not relatives) who are acquainted with your work history.			
Name	Occupation/Relationship	Company/Address	Phone Number

## **AGREEMENT TO INVESTIGATION AND RELEASE**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any false statements or omissions concerning requested information on this application shall be sufficient cause for denial of employment or summary dismissal. I also understand that my employment at Ghidorzi Companies is contingent upon the satisfactory investigation of my work record and references.

I release from any and all liability all representatives of Ghidorzi Companies for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I further authorize any party having information bearing upon my qualifications for employment to release such information to Ghidorzi Companies (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to Ghidorzi Companies in good faith and without malice concerning my employment competence, ethics, character and other qualifications, including otherwise privileged or confidential information.

I understand that if I am employed by Ghidorzi Companies, my employment can be terminated either by Ghidorzi Companies or me at will, with or without cause, and with or without notice, at any time. I understand that no one at Ghidorzi Companies, other than the President, has the authority to alter, orally or written, this terminable-at-will status of employment.

I have read and understand this agreement.

<b>Signature</b>	<b>Date</b>
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***EQUAL EMPLOYMENT OPPORTUNITY POLICY:***

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding an applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. Hiring decisions will be based on the qualifications of the applicant to perform the job for which the he or she applies.