

FOR OFFICE USE ONLY	<h1>APPLICATION FOR EMPLOYMENT</h1> <p>(Please answer all questions)</p> <p>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</p>	FOR OFFICE USE ONLY
POSITION APPLIED FOR		DATE STARTED
DATE		EMPLOYEE NUMBER
		LOCATION

NOTICE: Applicant should read the following information carefully before filling out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any purpose prohibited by law.

NAME: LAST FIRST MIDDLE

PRESENT ADDRESS CITY STATE ZIP CODE
 () How long have you lived at the above address? _____

PHONE

Are you 18 years old or older? Yes No If not, state date of birth ____/____/____

If under age 18, how many hours per week are you employed elsewhere? _____ hours

Have you had any name changes this employer should know about in order to verify job or education history? Yes No Previous Name _____

Do you have transportation to and from work? Yes No

Are you authorized to work in the U.S.? Yes No

Which locations are you able to work? Wauwatosa Brookfield Shorewood

Position applied for? _____ Date you can start ____/____/____ Salary desired _____

Are you applying for:

Full Time Part Time Temporary Days Only Nights Only Days/Nights

Who recommended you for this position? _____

EDUCATION						
SCHOOLING	NAME	CITY / TOWN	STATE	G.P.A. or DEGREE	GRADUATE	
					YES	NO
High School						
College / University						
Others (Specify)						
Military Service	War Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From: (Date)	To: (Date)	Highest Grade	

EMPLOYMENT HISTORY

(List last company first)

COMPANY NAME	ADDRESS	CITY / TOWN	STATE	PHONE	COMPANY BUSINESS
YOUR POSITION	IMMEDIATE SUPERVISOR	JOB TITLE	START	FINISH	REASON FOR LEAVING
JOB DUTIES:					
YOUR POSITION	IMMEDIATE SUPERVISOR	JOB TITLE	START	FINISH	REASON FOR LEAVING
JOB DUTIES:					
YOUR POSITION	IMMEDIATE SUPERVISOR	JOB TITLE	START	FINISH	REASON FOR LEAVING
JOB DUTIES:					

Are there any job duties that you would be unable to perform? _____

Is there anything we could do to accommodate you so you could perform all the required job duties? _____

Have you ever applied to this company before? Yes No If yes, where? _____ When? _____

Are you now employed? Yes No Telephone number _____

Have you ever been convicted of any crime (felony or misdemeanor; not routine traffic offenses)? _____

NOTE: A "yes" answer will not automatically disqualify you from employment. We will review the circumstances in accord with Wisconsin law.

If your answer is "yes," please provide details below. Use another sheet of paper if necessary.

Date of conviction: _____ State: _____ Crime for which you were convicted: _____

Sentence: _____

IN CASE OF EMERGENCY NOTIFY – (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT OR, IF I ALREADY HAVE BEEN HIRED OR AM WORKING FOR YO MAMA! LLC, WILL RESULT IN DISCIPLINE UP TO AND INCLUDING IMMEDIATE TERMINATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

Date _____ Signature _____