

# APPLICATION FOR EMPLOYMENT

BARNETT TRANSPORT REPAIR  
W7530 COUNTY ROAD S, JUNEAU, WI 53039  
TEL: (920) 382-3487



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email address \_\_\_\_\_

(If less than 3 years, list all prior residences below)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
Name Phone No.

Address City State/Zip

Position applying for: \_\_\_\_\_  
Temporary \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_

Have you worked for this company before? If so, from: \_\_\_\_\_ to \_\_\_\_\_

What department: \_\_\_\_\_ Position: \_\_\_\_\_ Pay: \_\_\_\_\_

Your name at time when past employed with this company: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Names of any relatives employed by this company: \_\_\_\_\_

How did you hear about us: Employee: \_\_\_\_\_ Who: \_\_\_\_\_

Newspaper \_\_\_\_\_ Internet: \_\_\_\_\_ Other: \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High school attended: \_\_\_\_\_

City/State: \_\_\_\_\_

Did you attend a Technical School or College: \_\_\_\_\_

No. of years completed: 1 2 3 4

College attended: \_\_\_\_\_

City/State: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

**GENERAL**

Are you a United States Citizen? Yes or NO

If no do you have the legal right to live and work in the United States? Yes or No

**PHYSICAL HISTORY**

Please describe any positions, jobs or duties for which you should not be considered because of physical, medical or mental disabilities: \_\_\_\_\_

**EMPLOYMENT RECORD**

*Last Employer:*

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Reason for leaving:		

*Second Last Employer:*

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Reason for leaving:		

***Third Last Employer:***

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Reason for leaving:		

***Fourth Last Employer:***

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Reason for leaving:		

If additional space is needed, continue on the reverse of this page.

List special courses or training that will help you as an employee:

\_\_\_\_\_

List training and/or experience in maintenance work: \_\_\_\_\_

\_\_\_\_\_

List training and/or experience in office equipment use:

\_\_\_\_\_

The information contained in this application is true and correct to the best of my knowledge.

Applicant sign and date: \_\_\_\_\_