

Application for Employment

Choice Products USA, LLC

3421 Truax Court
Eau Claire, WI 54703
(715) 833-8761

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 is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:		Date:		
Position(s) applied for or type of work desired:				
Address:				
Telephone #:		Social Security #:		
Type of employment desired:		full-time	part-time	temporary
Date you will be available to work:				
Are you able to meet the attendance requirements?		Yes	No	
Do you have any objection to working overtime if necessary?		Yes	No	
Can you travel if required by this position?		Yes	No	
Have you ever been previously employed by our organization?		Yes	No	
Can you submit proof of legal employment authorization and identity?		Yes	No	
If you are under 18, can you furnish a work permit if it is required?		Yes	No	
Have you ever been convicted of a crime in the last 7 years?		Yes	No	
If yes, please explain (a conviction will not automatically bar employment):				
Drivers license number (if driving is an essential job duty):				
How were you referred to us?				

Employment History

Employer:	Position Held:	
Address:	Telephone #:	
Immediate supervisor and title:		
Dates employed: from	to	Salary:
Job Summary:		
Reason for leaving:		

Employee History Continued

Employer:	Position Held:	
Address:	Telephone #:	
Immediate supervisor and title:		
Dates employed: from	to	Salary:
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Other Skills and Qualifications:

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

Educational History:

List school name and location, years completed, course of study, and any degrees earned:
High School:
College:
Technical Training:
Other:

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of 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 I or the employer 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 person's 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:

* Typed signature serves as the agreement to the statements above

