Application for Employment Office/Dock

N&M TRANSFER CO., INC. 630 MUTTART ROAD NEENAH, WI 54956-9764 920-722-7760

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for_			Date of	application _	/	/
Referral Source	☐ Advertisement ☐ Govt. Employment Name of source (if a		Relative Private Employment Age	ency 🗖 O	Valk-in Other	
Name						
Address	LAST		FIRST		MIDDLE	
Telephone #	STREET Mobile/Be	CITY eper/Other Phone	# Sc	STATE ocial Security a	ZIP COD	
If necessary, best time	to call you at home is					am/pm
May we contact you at	work 🛛 Yes 🚨 No	Work #	Best t	ime to call	:	am/pm
If you are under 18 and	l it is required, can you	ı furnish a work p	ermit?		🖵 Yes	☐ No
If no, please explain						
Have you submitted an	application here before	re? 🗆 Yes 🚨 N	o If yes, Date(s)			
Have you ever been en	aployed here before?	Yes No	If yes, Date(s) From	//	То/_	_/
Are you legally eligible	e for employment in the	nis country?			Yes	☐ No
Date available for work	k					/
Type of employment d	esired 🗖 Full-Time	☐ Part-Time	☐ Temporary ☐ S	easonal	L Education	al Co-op
Will you relocate if job	requires it?	. 🗆 Yes 🗀 No	Will you travel if job	requires it?	🖸 Ye	s 🗆 No
Are you able to meet the	he shift and/or attenda	nce requirements	of the position?		🗖 Ye	s 🛚 No
			, please explain			
Have you ever been bo	onded?				🗆 үе	s 🗆 No
Have you been convict	ted of a crime in the la	st seven (7) years	?		🗅 Ye	es 🗆 No
If ves. please explain	SSARILY BE A BAR TO EMPLO		CE AND EXPLANATION WILL BE C			
Drivers's license numb	er REQUIRED if driv	ing a car <i>or opera</i>	ting other company equ	<i>ipment</i> is an e	ssential job	function
License #			State			

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section on the following page.

EMPLOYER TELEPHONE ()	Summarize job duties & responsibilities
ADDRESS	
JOB TITLE	
IMMEDIATE SUPERVISOR & TITLE	
DATES EMPLOYED FROM/TO/	
REASON FOR LEAVING?	
HOURLY RATE/SALARY STARTING PER ENDING PER	_
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EMPLOYMENT HISTORY CONTINUED...

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ADDRESS	2
JOB TITLE	
IMMEDIATE SUPERVISOR & TITLE	
DATES EMPLOYED FROM/TO/	
REASON FOR LEAVING?	

OMMENTS INCLUDING EXP	LANATION OF ANY GAPS IN	EMPLOTMENT			
CILLS AND QUALIFICA -related functions in the position for		ecial training, skills, licer	nses and/or certificates that r	nay qualify you as bein	ng able to perfo
DUCATIONAL BACKGI	ROUND IF JOB RELATED				
st last three (3) schools attended,					
School	Yrs. Completed	Degree/Diploma	GPA/Class Rank	Major	Minor
EFERENCES					
st name and telephone number of ree school or personal references	three business/work reference	es who are not related	to you and are not previo	us supervisors. If no	ot applicable,
NAME	Wild are not related to you.	TELEPHO	NE	YEARS K	NOWN
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DDITIONAL INFORMA		85 1 1 1			
st professional, trade, business, o cclude memberships which would	or civic associations and any o d reveal sex, race, religion, na	ffices held. tional origin, age, colo	r, disability or any other	similarly protected	status.
o	RGANIZATION		OI	FICES HELD	
ist, special accomplishments, pu xelude information which would	blications, awards, etc. reveal sex, race, religion, nat	ional origin, age, color,	, disability or other prote	cted status.	
ist any additional information	you would like us to conside	er		•	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with our without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

epresent and warrant that I have read and fully understand	I the foregoing and seek employ	ment under these	conditions	

Please indicate below why you want to work for N & M Transfer Co., Inc.

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. PLEASE PRINT Position(s) applied for ______ Date / / Referral Source ☐ Walk-in Govt. Employment Agency Private Employment Agency ☐ Employee Relative ☐ School Advertisement - Source Other Name of person who referred you (if applicable) Applicant Information LAST FIRST MIDDLE Address STREET CITY STATE MALE ☐ FEMALE Please check one of the following Equal Employment Opportunity Identification Groups: ☐ White (not of Hispanic origin) ☐ Black (not of Hispanic origin) ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Vietnam Vet. Disabled Vet. For Administrative Use Only Available Position(s) applied for ☐ Not available Other positions considered for Hired Yes O No ____ Date of Hire ____ / ___/ Position Hired for From the EEO job classifications listed below, which one best describes the position filled ☐ Officials and Managers ☐ Sales Workers Operatives (semi-skilled) Professionals Office and Clerical Workers Laborers (unskilled) □ Technicians ☐ Craft Workers (skilled) ☐ Service Workers Completed by _____ Date / /