



APPLICATION FOR EMPLOYMENT and PERSONNEL RECORD

PERSONAL			
Name (Last	First	Middle)	Telephone
Address		Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state age ____	
Social Security Number	Date of Last Physical Examination	Date of Last TB Test	
Have you ever been employed under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list all names used:			
You are available and willing to work:			
(Check all that apply)			
Days:	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>
Evenings:	Th <input type="checkbox"/>	F <input type="checkbox"/>	Sa <input type="checkbox"/>
Nights:	Su <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>
Do you possess a valid Wisconsin Driver's License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your Driver's License ever been suspended or revoked? If yes, please explain:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nearest Living Relative--Name	Telephone	Relationship	
Address			

POSITION APPLIED FOR			
Title	Desired Salary	Hours	Date of Employment
Name of Supervisor			

CURRENT EMPLOYER				
Name and Address of Employer	Telephone	Job Title/Type of Work	Reason for Leaving	Started

PREVIOUS EMPLOYMENT (List most recent experience first. If more space is needed, attach separate page.)					
Name and Address of Employer	Telephone	Job Title and Type of Work	Reason for Leaving	Dates	
				From	To

EDUCATION		
Circle Highest Year Completed	Name and Address of School	Diploma
6 7 8 9 10 11 12		

Currently Enrolled in High School Completion Course: Yes No Completion Date _____

EDUCATION (Continued)

Name and Address of University, College, or Business School	Major Subject	No. of Years Completed	Diploma/Degree Certificate	Date Completed

Employment-Related Education Courses, Professional and Technical Qualifications/Training

Course Title	Name and Address of School or Organization	No. of Units Completed	Date Completed	Currently Enrolled

List Licenses or Certificates of Competence held:

Names of Professional, Trade, Business, or Civic Activities of which you are a Member and Offices Held:

REFERENCES

List names of three persons who can give information about your background, character, abilities, etc.

Name and Address	Telephone	Relationship to You (Friend, Employer, etc.)

ADDITIONAL INFORMATION

Do any of your friends or relatives, other than spouse, work here? Yes No

If yes, state name, relationship and location:

Are you currently employed? Yes No May we contact your present employer? Yes No

I am prevented from lawfully becoming employed in this country due to Visa or Immigration Status. Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you currently on "Lay-off" status and subject to recall? Yes No

Date available for work _____ / _____ / _____

How did you learn about us? Advertisement Relative Friend Inquiry
Employment Agency Other (list)

Describe any extra-curricular activities and hobbies.

Why do you think you would be a good applicant for employment at this facility?

NOTES: See page 3 for voluntary Civil Rights Compliance section.

Applicant's email address:

I certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

Signature of Applicant/Employee

Date

CIVIL RIGHTS INFORMATION OPTIONAL -- You may decline to complete this portion.

Hilltop Affiliates Inc. is required to track the race, ethnicity and gender of its applicants.

The following information is voluntary. It is the same information collected on U.S. Census forms. Hilltop uses it to track the race, ethnicity and gender of potential employees to ensure nondiscrimination in hiring. You are not required to complete this portion of the application. This portion of the application will be kept separate and used for tracking purposes only.

Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Ethnicity	Hispanic/Latino <input type="checkbox"/>	Not Hispanic/Latino <input type="checkbox"/>	
Race	American Indian or Alaskan Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>
	Native Hawaiian or other Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>	More than one race <input type="checkbox"/>



Hilltop Affiliates Inc. is an Equal Opportunity Employer.