



sun prairie

This application form is intended for use in evaluating your qualifications for employment. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants receive consideration and no question asked is for the purpose of excluding on applicant due to age, race, religion, creed, color, handicap, marital status, sexual preference, national origin, ancestry, arrest, or conviction record as prohibited by law or regulation. JW Remodeling is an EQUAL OPPORTUNITY EMPLOYER.

APPLICANT INSTRUCTIONS:

- 1. Please print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE: "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
2. Provide only requested information. Failure to do so may result in disqualification of your application.
3. If more space is needed to complete any questions, use comments section at the bottom of next page.
4. Complete all pages.

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CURRENT ADDRESS:
STREET
CITY STATE ZIP

PRIOR ADDRESS:
STREET
CITY STATE ZIP

Position applied for: _____

Available to Work: () Full Time () Weekdays
() Part Time () Weekends

What date can you start? _____ Pay Rate Desired? _____

Referral Source: _____

Have you ever filed an application at JW before? () Yes (Have you) No Dates: _____

ever been employed by JW before? () Yes () No Dates: _____

Do you have any relatives or spouse currently employed by JW? () Yes () No
If yes please list their name(s): _____

Are you above the minimum working age of 18 years? () Yes () No
If you are under the age of 18, can you furnish a work permit? () Yes () No

Are you legally permitted to work in this country? () Yes () No If yes, will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform & Control Act of 1986? _____

Do you have a valid drivers license? () Yes () No
Name on license _____ DL# _____ State of Issue _____

Have you had any moving violations within the last seven years? () Yes () No

If yes, please describe: _____

Can you perform the tasks required to carry out the job for which you have applied? () Yes () No

Lifting or Carrying approximately 50 pounds? () Yes () No

Climbing or working from a ladder? () Yes () No

Have you used any names or Social Security Numbers other than given above? () Yes () No

If so please list: _____

Have you been convicted of a crime in the past seven years? () Yes () No

Is so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trail diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors from previous jobs.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS:

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, **the correct telephone numbers of past employers are critical.** Ask for a phone book or call information if necessary.

MOST RECENT EMPLOYER

() Yes () No Are you currently working for this employer?
 () Yes () No If yes, may we contact them?

Phone ()

Fax ()

COMPANY NAME _____ CITY _____ STATE _____
 FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
 DUTIES _____
 SALARY _____ PER _____
 (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

Phone ()

Fax ()

COMPANY NAME _____ CITY _____ STATE _____
 FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
 DUTIES _____
 SALARY _____ PER _____
 (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

Phone ()

Fax ()

COMPANY NAME _____ CITY _____ STATE _____
 FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
 DUTIES _____
 SALARY _____ PER _____
 (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

I certify that the answers given by me in this application and other information gleaned during the interview are true and correct without omissions of any kind. I understand that any misleading, incorrect statements or omissions of facts will render this application void, and if employed will result in termination. I agree that JW Remodeling, Inc. shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I understand that any offer of employment or continued employment may be conditioned upon passing a substance abuse screening. Refusal to participate will result in termination or denial of employment. I also understand that the use of illegal drugs is prohibited during employment.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. JW Remodeling, Inc. is liable only for wages earned as of the date of termination. This application is current for thirty (30) days. Incomplete applications will not be processed. JW Remodeling, Inc. will not accept the telephone updates of applications.

Signature of applicant: _____ Date: _____

JW Remodeling Release Authorization Form

As part of the process of weighing an applicant's qualifications and determining his or her suitability for open positions, JW Remodeling requires background checks for all finalists for a position. Any applicant who provides misleading, erroneous or willfully deceptive information to JW Remodeling on an employment form or resume or in a selection interview is immediately eliminated from further consideration for employment with JW Remodeling.

In connection with my application for employment, I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

The background check will include a criminal record check. If a conviction is discovered, a determination will be made whether the conviction is related to the position for which the individual is applying or would present safety or security risks before an employment decision is made. **Pending arrests or convictions are not an absolute bar to employment.**

If an applicant is denied employment wholly or partly because of information obtained in an employment check conducted by the company's consumer reporting agency, the applicant will be informed of this and given the name, address and phone number of the vendor to contact if he or she has specific questions about the result of the check or wants to dispute its accuracy.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by JW Remodeling or its agent, to furnish the necessary information.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST	MIDDLE
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Please print other names you have used

Home Address

City	State	Zip Code
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Social Security Number	Date of Birth
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The following states require sex and race to obtain information:
AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female

Race: Asian Black Hispanic White Other

Drivers License Number	State Issuing License
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Name as it appears on license

Signature	Today's Date
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