

# All American Do it center

## Application for Employment

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

**Please print. PERSONAL INFORMATION**

Applicant Name: First	Middle	Last

Address	City	State	Zip

Telephone Number-Home	Cell

**EMERGENCY CONTACT: Name/phone:** \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position(s) Applied For	Date of Application

Have you applied for a position with us before?  No  Yes—Specify date:

Have you ever been employed with us before?  No  Yes—Specify date and position:

How did you learn about this position?

Advertisement—Specify:

Employment Agency—Specify:

Employee Referral—Which employee?

Other—Specify:

Are you currently employed?  No  Yes

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

On what date would you be available for work?

Are you available to work:  Full-time  Part-time  All shifts  Temporary

Salary Desired: \_\_\_\_\_

Can you travel for work if necessary?  Yes  No

Are you legally permitted to work in the United States?  Yes  No

*NOTE: Proof of eligibility will be required within three working days of employment.*

Are you 18 years of age or older?  Yes  No

Have you been convicted of a felony within the last 7 years?  No  Yes—Explain:

*NOTE: Such conviction does not necessarily prevent you from employment. All American is an equal opportunity employer.*

Are you willing to take drug tests at the Company's request?  No  Yes

Have you ever gone by a name other than the one listed above?  No  Yes—Please list:

Do you have any current or previous medical condition which would affect your ability to do the job you are applying for? If yes, explain: \_\_\_\_\_

## EDUCATION

Name of <b>High School</b>	Location

Years Completed /Date Completed	Diploma obtained: Yes_____ No_____	GED:_____

Subjects studied: \_\_\_\_\_

Name of <b>College</b>	Location

Years Completed	Degree/Major	Date Completed	G.P.A.

Diploma obtained?  Yes  No

Name of <b>College</b>	Location

Years Completed	Degree/Major	Date Completed	G.P.A.

Diploma obtained?  Yes  No

### GENERAL:

Subjects of Special Study or Research Work: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities(Civic,Athletic,etc)\_\_\_\_\_

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## MILITARY SERVICE

Have you ever served in the U.S. military?  Yes  No

*NOTE: If you answered "no" to the above question, please skip the rest of this section.*

What was the length of your military service? \_\_\_\_\_ years, \_\_\_\_\_ months

What was your rank at time of discharge?

Present Membership in National Guard or Reserves?

Are you : \_\_\_\_\_Special disabled veteran(entitled to compensation) \_\_\_\_\_Vietnam era Veteran

\_\_\_\_\_Newly separated veteran \_\_\_\_\_Other protected veteran(served on active duty during a war)

What type of training and work experience did you receive while in the military?

**EMPLOYMENT HISTORY** (List the last 3 employers, starting with the last one first)

Employer (CURRENT or most recent)	Supervisor
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Address	Phone
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Position Title and Duties

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Starting Date	Ending Date	Starting Pay	Ending Pay
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Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor
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Address	Phone
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Position Title and Duties

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Starting Date	Ending Date	Starting Pay	Ending Pay
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Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor
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Address	Phone
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Position Title and Duties

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Starting Date	Ending Date	Starting Pay	Ending Pay
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Why did you leave this job?

May we contact this employer?  Yes  No  Later

**REFERENCES** (Give Names of 3 persons NOT related to you, known at least ONE year)

Name	Phone Number	Years Known

**APPLICANT'S STATEMENT**

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release from liability the Company for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

Signature of Applicant	Date

\*NOTE: For purposes of this document when "Company" is listed, this refers to All American Do It Center.

# All American Do it center

## Motor Vehicle Record Release and Authorization Form

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and their insurance agent, whose name and addresses are as follows:

**Name and Address of Employer:**

All American Lumber, Inc. dba: All American Do It Center  
1310 W Wisconsin Street  
Sparta, WI 54656

**Name and Address of Insurance Agent**

Coverra Insurance Services Inc  
PO Box 277  
Holmen, WI 54636

This authorization shall continue in effect until revoked, in writing, by the undersigned.

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# All American Do it center

## RELEASE FOR BACKGROUND CHECK

Printed Name: \_\_\_\_\_  
Last First Middle Maiden

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby authorize All American Do It center to investigate my past record and character, either adult or juvenile, whether this information is of public record or not. Authorization is also given to sheriff's/police department(s) to disclose any record (either adult or juvenile). I hereby release my references and any law enforcement representatives from any damage caused by furnishing information.

List locations you have resided in the past five (5) years:

City	County	State
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List other names (nicknames, maiden name, or any other which you may have used):

**I understand that falsification of this application is reason to be rejected for employment:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 5/8/2014