

EMPLOYMENT APPLICATION

PERSONAL INFORMATION			Date	
First Name	MI	Last Name		
Address	ress		Sub-address	
City		State	ZIP	
Home Phone		Mobile Phone		
Email Address				
REFERRER				
Name of person who referred you:				
How did you hear of this position? (select)				
EMDI OVMENT LICTORY			1 18:	
EMPLOYMENT HISTORY List present/most re	ecent po:	1	en additional	
Company Name		Company Phone		
Address		City, State, ZIP		
Supervisor Name		Direct Phone		
Job Title		Job Duties		
Starting Date		Ending Date		
Reason for leaving		Salary (start)	Salary (end)	
May we contact for a reference? Yes No		If No, please explain		
Company Name		Company Phone		
Address		City, State, ZIP		
Supervisor Name		Direct Phone		
Job Title		Job Duties		
Starting Date		Ending Date		
Reason for leaving		Salary (start)	Salary (end)	
May we contact for a reference? Yes No		If No, please explain		
Company Name		Company Phone		
Address		City, State, ZIP		
Supervisor Name	Name		Direct Phone	
Job Title		Job Duties		
Starting Date		Ending Date		
Reason for leaving		Salary (start)	Salary (end)	
May we contact for a reference? Yes No		If No, please explain	,	

Equal Opportunity Statement

Palmer Hamilton, LLC is an equal opportunity employer and fully complies with EEO regulations.

Disabled applicants may request reasonable accommodations in completing this application.

We drug test all applicants post offer.

Incomplete applications will not be considered.

GENERAL QUESTIONS

Are you legally eligible for employment in the US?

Yes

Are you 18 years or older? Yes

Are you currently bound by an Employment or Non-Compete Agreement? Yes No

If yes, explain

Have you ever been convicted of a felony?

A criminal record does not constitute an automatic disqualification to employment and will be considered only as it substantially relates to the job of interest.

Have you worked with us previously?

Yes

If so, when?

POSITION OF INTEREST

Which position interests you? (select)

Office (8am-5pm Mon-Fri) 1st Shift (6am-4:30pm Mon- Thurs)

Part Time

2nd Shift (4:30pm - 5am Mon-Weds)

Expected rate of pay

Available start date

Full Time

High School Name				
Street Address	Address	Address		
City	State	ZIP		
Starting Date	Ending Date	Ending Date		
Did you graduate? Yes No	Year	Year		
Course of Interest				
College or Trade School Name				
College of Hade College Name				
Street Address	Address			
City	State	ZIP		
Starting Date	Ending Date	·		
Did you graduate? Yes No	Year			
Degree/Course of Study	'			
MILITARY SERVICE				
Branch				
Starting Date	Ending Date			
Rank at Discharge	Type of Discharge			
REFERENCES Please list three professional reference	ces (no relatives)			
Name	Title			
Company Name	Phone			
Email				
Name	Title			
Company Name	Phone			
Email				
Name	Title			
Company Name	Phone			
Email				

Disclaimer and Signature

I certify that all the information submitted by me on this application is true and complete. I also understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I'm employed, my employment may be terminated at any time. I hereby authorize you to contact my references, employers (unless otherwise indicated), and education institutions to inquire about information that may be relevant to my employment application. I understand that no company representative, other than the president, has the authority to enter into or make employment agreements/ contracts. I have read and understand the above statements.

Date		
Signature		

palmer_{HAMILTON}

143 S. Jackson Street Elkhorn, WI 53121-1911

Toll Free: 800-788-1028 Fax: 262-723-5180 www.PalmerHamilton.com