



# SCHILLING SUPPLY COMPANY, INC.

## EMPLOYMENT APPLICATION

\*\* ALL POSITIONS EXCEPT DRIVERS\*\*

PLEASE PRINT INFORMATION

DATE: \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
OTHER NAMES		SOCIAL SECURITY NUMBER
CURRENT ADDRESS – STREET NUMBER, CITY, STATE, ZIP CODE		PRIMARY PHONE NUMBER
MAILING ADDRESS – (IF DIFFERENT FROM ABOVE)		SECONDARY PHONE NUMBER
EMAIL ADDRESS		

### DESIRED EMPLOYMENT

DESIRED POSITION	DATE AVAILABLE	DESIRED SALARY PER MONTH
Do you have access to a car?		Yes No
Do you have a valid driver's license?		Yes No
Driver's License Number	State	Expiration Date
Are you over the age of 18?		Yes No
Are you a U.S. citizen or do you have an entry permit which allows you to work?		Yes No
Please indicate which types of employment interests you (check all the apply):		
Permanent (FT)	Permanent (PT)	Temporary (FT) Temporary (PT)
I would be interested in relocating to: La Crosse Rochester/Mankato/Owatonna Eau Claire Madison		
What hours are you available to work? AM PM	What days are you available to work? Monday Tuesday Wednesday Thursday Friday	

### PHYSICAL REQUIREMENTS

Some positions might require an employee to possess certain physical capabilities. Check the appropriate boxes below, which you feel reflect the physical activity in which you can routinely engage without harm to yourself or fellow employees.					
Lifting?	25lbs or less	50lbs	75lbs	100lbs or more	
Do you have difficulties:					
Bending or stooping?	Yes	No	Climbing?	Yes	No
Standing for long periods of time?	Yes	No	Working in extreme temperatures?	Yes	No
After reading the job description, are you able to perform the essential job functions with or without reasonable accommodations?				Yes	No

### U.S. MILITARY SERVICE

VETERAN NO MILITARY SERVICE		DATE ENTERED SERVICE
TYPE OF WORK PERFORMED		DATE DISCHARGED
BRANCH OF SERVICE	HIGHEST RANK ACHIEVED	IF DEFERRED FROM MILITARY SERVICE, STATE REASON:
TRAINING RECEIVED IN MILITARY SERVICE:		
ARE YOU NOW A MEMBER OF A MILITARY RESERVE ORGANIZATION?		YES NO
NAME & LOCATION OF GROUP:		RANK:

## WORK EXPERIENCE

EMPLOYER		INDUSTRY	
ADDRESS – STREET NUMBER, CITY, STATE, ZIP CODE		REASON FOR LEAVING	
JOB DUTIES:		JOB TITLE	
		START DATE	END DATE
		STARTING SALARY	ENDING SALARY
		SUPERVISOR	
MAY WE CONTACT YOUR SUPERVISOR?      YES      NO		NAME	PHONE NUMBER

EMPLOYER		INDUSTRY	
ADDRESS – STREET NUMBER, CITY, STATE, ZIP CODE		REASON FOR LEAVING	
JOB DUTIES:		JOB TITLE	
		START DATE	END DATE
		STARTING SALARY	ENDING SALARY
		SUPERVISOR	
MAY WE CONTACT YOUR SUPERVISOR?      YES      NO		NAME	PHONE NUMBER

EMPLOYER		INDUSTRY	
ADDRESS – STREET NUMBER, CITY, STATE, ZIP CODE		REASON FOR LEAVING	
JOB DUTIES:		JOB TITLE	
		START DATE	END DATE
		STARTING SALARY	ENDING SALARY
		SUPERVISOR	
MAY WE CONTACT YOUR SUPERVISOR?      YES      NO		NAME	PHONE NUMBER

EMPLOYER		INDUSTRY	
ADDRESS – STREET NUMBER, CITY, STATE, ZIP CODE		REASON FOR LEAVING	
JOB DUTIES:		JOB TITLE	
		START DATE	END DATE
		STARTING SALARY	ENDING SALARY
		SUPERVISOR	
MAY WE CONTACT YOUR SUPERVISOR?      YES      NO		NAME	PHONE NUMBER

## REFERENCES

NAME	ADDRESS	PHONE NUMBER

**EDUCATION & TRAINING**

NAME & LOCATION OF HIGH SCHOOL		HIGHEST GRADE OR YEAR COMPLETED				9 or below	10	11	12
Do you have a high school diploma or a GED equivalency?		Yes      No							
Continued Education – College or University, Business College, or other schools you have attended							YEARS OF CONTINUED EDUCATION		
NAME & LOCATION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD	GPA	DEGREE EARNED & YEAR			
	FROM	TO							
Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certificates, (Be specific):									

**APPLICANTS WITH PREVIOUS SALES EXPERIENCE**

If you were to summarize your total sales experience, what would you say your strong points and weak points are?
List the names and addresses of two customers who know you well and who may be contacted pending this application:
Have you any other business interests or activities which will continue if you come to work for us?(Explain)
Why do you wish to leave your present position?
What are your aims or ambitions for the future?

In signing this application form, I clearly understand and agree: 1. That all the statements are true to the best of my knowledge: 2. No attempt has been made to conceal or withhold pertinent information: 3. I authorize investigation of all statements with no liability: 4. Any falsification or misrepresentation may be considered cause for termination: 5. I will abide by all company rules and regulations if hired: And 6. I agree to take physical exams at the company's expense to determine my suitability for continued employments if hired.

\*Please attach resume

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

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

All Applicants - Please fill out page 4

For Office Use Only

	Date Hired:
	Starting Salary:
	By:
	Date:



phone 1-800-888-1885  
www.schillingsupply.com  
Attn: Human Resources

PO Box 369, La Crosse, WI 54602-0369

fax 1-800-888-6312

## Confidential Past Employer Inquiry

**This section ONLY to be completed by applicant:**

I hereby authorize the below named company or institution to release information to Schilling Supply Company for the purpose of verification of past or present employment and/or past or present education.

I hereby release to below named company and its employees, officers, directors and agents from any and all liability of any type as a result of providing the requested information to Schilling Supply Company.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

-----STOP Do not fill in anything below this line-----

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To Whom It May Concern:

The person named below has applied for a position at Schilling Supply Company. The applicant listed your company as a past employer. As you will note from the signed release above, the applicant has released you and the company from all liability. You may reply by fax to the number listed above. Thank you in advance for your response to this inquiry.

Name of Applicant: \_\_\_\_\_ SSN \_\_\_\_\_

Dates of Employment listed \_\_\_\_\_ to \_\_\_\_\_

Are the above dates correct? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list the correct dates \_\_\_\_\_ to \_\_\_\_\_

Number of days Absent in the last year? \_\_\_\_\_

Number of days Tardy in the last year? \_\_\_\_\_

Reason for leaving your company? Resigned \_\_\_ Discharged \_\_\_ Layoff \_\_\_

Eligible for re-hire? Yes \_\_\_\_\_ No \_\_\_\_\_

Completed By: Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_