

SCHILLING SUPPLY COMPANY, INC. **EMPLOYMENT APPLICATION**

SCHILLING SUPPLY COMPANY ** ALL POSITIONS EXCEPT DRIVERS**

PLEASE PRINT INFORMATION	DATE:

PERSONAL INFORMATION LAST NAME FIRST NAME	PLEASE PRINT INFORMATION DATE:								
OTHER NAMES CURRENT ADDRESS - STREET NUMBER, CITY, STATE, ZIP CODE PRIMARY PHONE NUMBER MAILING ADDRESS - (IF DIFFERENT FROM ABOVE) DESIRED SALARY PERMONTH DESIRED SALARY PERMONTH DO you have access to a car? Do you have access to a car? Do you have a valid driver's license? Are you over the age of 18? Are you over the age of 18? Are you over the age of 18? Are you over the indicate which types of employment interests you (check all the apply): Permanent (FT) Permanent (PT) I voold be interested in relocating to: La Crosse Rochester/Marksto/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. Urting? 25 lbs or less 50 lbs 75 lbs 100lbs or more Do you have access to a car? Yes No After reading the job description, are you able to perform the essential job functions with or without reasonable Yes No After reading the job description, are you able to perform the essential job functions with or without reasonable Yes No MILITARY SERVICE VETRAN NO MILITARY SERVICE HIGHEST RANK ACHIEVED IF DEFERRED FROM MILITARY SERVICE TRAINING RECEIVED IN MILITARY 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	PERSONAL INFORMATION								
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NAME & LOCATION OF GROUP: RANK:	ARE YOU NOW A MEMBER OF A MILITA	ARE YOU NOW A MEMBER OF A MILITARY RESERVE ORGANIZATION?					YES	NO	
	NAME & LOCATION OF GROUP:			R	ANK:	•			

WORK EXPERIENCE

EMPLOYER			INDUSTRY			
ADDRESS – STREET NUMBER, CITY, STATE, ZIP CODE REASON			N FOR LEAVING			
JOB DUTIES:			JOB TITLE			
		START DATE		END DATE		
			STARTING SALARY		ENDING SALARY	
				SUPE	RVISOR	
MAY WE CONTACT YOUR SUPERVISOR? YES	NO		NAME PHONE NUMBER			
EMPLOYER				INDUSTRY		
ADDRESS – STREET NUMBER, CITY, STATE, ZIP COD	DE	REASON	N FOR LEAVING			
JOB DUTIES:			JOB TITLE			
			START DATE		END DATE	
			STARTING SAL	ARY	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		PHONE NUMBER	
EMPLOYER			INDUSTRY			
ADDRESS – STREET NUMBER, CITY, STATE, ZIP COD	DE	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	AD	DRESS	PHONE NUMBER			

EDUCATION & TRAINING

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 equiv	valency? Yes	No					
Continued Education – College or University, Busi	iness College, or other so	chools you hav	e attended	YEARS OF CON	TINUED E	DUCATIO	N
	DATES A	TTENDED					CDEE
NAME & LOCATION			CREDITS	MAJOR	GPA		GREE NED &
	FROM	ТО	EARNED	FIELD		YI	EAR
Describe any education or training you have had	which is not sourced abo	ave such as ve	entional school	correctioned		comico	
Describe any education or training you have had v schools, in-service training, or volunteer work whi licenses or certificates, (Be specific):							nt
APPLICANTS WITH PREVIOUS SALES	SEXDEBIENCE						
If you were to summarize your total sales experies		your strong p	oints and weak	pointes are?			
List the names and addresses of two customers w	/ho know you well and v	vho may be co	ntacted pending	this application	1:		
Have you any other business interests or activities	s which will continue if y	ou come to wo	ork for us?(Expla	ain)			
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							
knowledge: 2. No attempt has been mad all statements with no liability: 4. Any fa							
I will abide by all company rules and reg							
expense to determine my suitability for							
*81 1							
*Please attach resume							
Signature:			Date:				
Jigilatal C.	ignature: Date:All Applicants - Please fill out page				page 4		
For Office Use Only							
. o. ojjice ose omy			Date	Hired:			
			_	ng Salary:			
			By: Date:	<u> </u>			
			- 400				



PO Box 369, La Crosse, WI 54602-0369

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

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	ow 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 Disch	narged Layoff						
Eligible for re-hire? Yes No							
Completed By: Printed Name	T:41-						