



SCHILLING SUPPLY COMPANY, INC.

EMPLOYMENT APPLICATION

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

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 interest 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 activated 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	TYPE OF DISCHARGE 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, Nursing, 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):						

OTHER

HAVE YOU BEEN CONVICTED OF ANY VIOLATIONS OTHER THAN MINOR TRAFFIC VIOLATIONS?	YES	NO
IF YES, WHAT HAVE YOU BEEN CONVICTED OF, WHEN AND WHERE?		

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
Driver Applicants – Please fill out page 5**



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 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 _____

*****ALL DRIVER APPLICANTS MUST FILL OUT THIS SECTION*****

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	OTHER NAMES
CURRENT ADDRESS – STREET NUMBER, CITY, STATE, ZIP CODE			HOW LONG?
ADDRESS FROM PAST 3 YEARS	STREET NUMBER, CITY, STATE, ZIP CODE		HOW LONG?
	STREET NUMBER, CITY, STATE, ZIP CODE		HOW LONG?
DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE
			EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMENT NUMBER OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE? YES NO

HAS ANY LICENSE, PERMIT OR PRIVELEDGE EVER BEEN SUSPENDED OR REVOKED? YES NO

By signing this, I certify that my application was completed by me and that all entries on it and information in it are true and completed to the best of my knowledge.

Signature: _____ Date: _____

For Office Use Only

	Date Hired:
	Starting Salary:
	By:
	Date: