

# CLERICAL APPLICATION FOR EMPLOYMENT



**CAINE TRANSFER, INC.**

P. O. BOX 376  
LOWELL, WISCONSIN 53557-0376  
TELEPHONE 920-927-3838  
FAX 920-927-5767

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.

Date of Application: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applied for \_\_\_\_\_

Name  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Address  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address  
3 Year History Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address  
3 Year History Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Are you a legal US Citizen? \_\_\_\_\_ Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Would you be willing to take a pre-employment drug or alcohol screen? \_\_\_\_\_

Have you tested positive on a pre-employment drug or alcohol test? \_\_\_\_\_

Have you refused to take a required drug or alcohol test in the last three years? \_\_\_\_\_

## EMPLOYMENT HISTORY

Please provide three year work history. List employers in reverse order starting with the most recent. Add another sheet as necessary

EMPLOYER				DATES			
Name				From Month	Year	To Month	Year
Address				Position Held			
City		State		Zip		Salary/Wage	
Contact Person		Phone Number		Reason for Leaving			

EMPLOYER				DATES			
Name				From Month	Year	To Month	Year
Address				Position Held			
City		State		Zip		Salary/Wage	
Contact Person		Phone Number		Reason for Leaving			

EMPLOYER				DATES			
Name				From Month	Year	To Month	Year
Address				Position Held			
City		State		Zip		Salary/Wage	
Contact Person		Phone Number		Reason for Leaving			

EMPLOYER				DATES			
Name				From Month	Year	To Month	Year
Address				Position Held			
City		State		Zip		Salary/Wage	
Contact Person		Phone Number		Reason for Leaving			

**EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

High School Attended \_\_\_\_\_  
Name City, State

\_\_\_\_\_  
Degrees or certificates earned

College Attended \_\_\_\_\_  
Name City, State

\_\_\_\_\_  
Degrees or certificates earned

**EXPERIENCE AND QUALIFICATIONS - OTHER**

List all software programs you are proficient in using.

\_\_\_\_\_  
\_\_\_\_\_

Show any experience that may help in your work for this company.

\_\_\_\_\_  
\_\_\_\_\_

List courses and training other than shown elsewhere in the application.

\_\_\_\_\_  
\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown).

\_\_\_\_\_  
\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature