



DUFFY BROS., INC.

N3867 Baden Street

P.O. Box 250

Columbus, WI 53925

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 non-job related disability.

Date of application: \_\_\_\_\_ Phone number: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Address \_\_\_\_\_

for the  
past three  
years

Street

City

State & Zip

How Long?

Street

City

State & Zip

How Long?

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? \_\_\_\_\_ Position \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

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

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

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

Type of employment desired: \_\_\_\_\_ part-time \_\_\_\_\_ full-time

Is there any reason you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_ If yes, explain if you wish. \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your most recent employer first.

EMPLOYER	Date From
Name	To
Address	Salary
City                      State                      Zip	Reason for leaving
Contact Person                      Phone	
Position and duties:	

EMPLOYER	Date From
Name	To
Address	Salary
City                      State                      Zip	Reason for leaving
Contact Person                      Phone	
Position and duties:	

EMPLOYER	Date From
Name	To
Address	Salary
City                      State                      Zip	Reason for leaving
Contact Person                      Phone	
Position and duties:	

EMPLOYER	Date From
Name	To
Address	Salary
City                      State                      Zip	Reason for leaving
Contact Person                      Phone	
Position and duties:	

EMPLOYER	Date From
Name	To
Address	Salary
City                      State                      Zip	Reason for leaving
Contact Person                      Phone	
Position and duties:	

## EDUCATION

Address	Major	Circle Last Year Completed	Did You Graduate?	Degree
High School:		Do you have a High School Diploma or GED?                      Yes      No		
Business/Trade School:		1              2 3              4		
College:		1              2 3              4		

List any education or training you have had which is not listed above that you feel would be relevant to the job which you have applied for:

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

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## REFERENCES

### PERSONAL

NAME	ADDRESS	PHONE
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NAME	ADDRESS	PHONE
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### BUSINESS

NAME	COMPANY	PHONE
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NAME	COMPANY	PHONE
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Have you ever been convicted of a felony? \_\_\_\_\_ If Yes, when \_\_\_\_\_

*A conviction record will not necessarily bar you from employment. Such factors as age, and time of the offense, seriousness, and nature of the violation will be taken into account.*

Have you ever been denied a bond? \_\_\_\_\_

Do you have a valid drivers license? \_\_\_\_\_

Have you ever had your drivers' license suspended or revoked? \_\_\_\_\_

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### 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 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 may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the Company.

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DATE

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APPLICANT'S SIGNATURE