



PLEASE CIRCLE THE "X" FOR EACH LOCATION YOU CAN WORK AT:

X Downtown Waukesha
227 West Main Street Waukesha, WI 53186
262-446-9490

X Downtown Racine
245 Main Street Racine, WI 53403
262-672-4755

X Brookfield Square
At the head of the food court
262-797-9103

X MayFair Mall
Wauwatosa, WI

Employment Application

An Equal Opportunity Employer

Our Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please print and fill out all sections and bring the application to one of our locations:

Applicant Information

Applicant Name _____ Cell Phone _____

Email Address _____ Date of Birth _____

Current Address:

Number and street _____

City _____

State & Zip _____

How were you referred to Company?: _____

Please print and fill out all sections

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available?

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? [] Y or [] N

Can you work evenings? [] Y or [] N

Hourly Wage Desired: \$ _____

Personal Information:

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [] Y or [] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N

If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

College / University:

School name: _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? [] Y or [] N

If yes, please explain _____

Employment History

Are you currently employed? [] Y or [] N

Even if you have attached a resume, this section must be completed.

Name of Employer (1): _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? [] Y or [] N
Name of Employer (2) : _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____
Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____

References:

List below two persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

_____ I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

_____ I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ **Date:** _____

