

# SPARTEK

PO BOX 437 | 300 Milwaukee St. | Sparta, WI 54656

## Application for Employment

Phone: 608-269-3154 Fax: 608-269-8369

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Code/Phone Number: \_\_\_\_\_

Are you authorized to work in the United States: Yes \_\_\_ No \_\_\_ Are you 18 or older: Yes \_\_\_ No \_\_\_

Have you previously applied for employment or been employed by Spartek, Incorporated? \_\_\_\_\_ If

yes, when and for how long were you employed with Spartek: \_\_\_\_\_

What source led you to fill out an application with Spartek: \_\_\_\_\_

**Employment History:** Please begin with your **present or last position**. Include volunteer experience. (Attach additional sheet if necessary)

Name of Employer		Address	City	State & Zip Code	Telephone #
Employed (Month/Year) From:	Type of work Performed			May We Contact? Yes ___ No ___	
To:	Name and Title of Immediate Supervisor				
Name of Employer		Address	City	State & Zip Code	Telephone #
Employed (Month/Year) From:	Type of work Performed			May We Contact? Yes ___ No ___	
To:	Name and Title of Immediate Supervisor				
Name of Employer		Address	City	State & Zip Code	Telephone #
Employed (Month/Year) From:	Type of work Performed			May We Contact? Yes ___ No ___	
To:	Name and Title of Immediate Supervisor				

CONTINUED ON BACK

Name of Employer		Address	City	State & Zip Code	Telephone #
Employed (Month/Year)		Type of work Performed			May We Contact?
From:					Yes ___ No ___
To:					
Name and Title of Immediate Supervisor					

### Education

High School		Date Received	
Advanced Education (Vocational School, Junior College, College, Other)			
Name of Institution			
Did You Graduate?	Degree or Certificate Granted	Major/Minor Course of Study	
Yes No			

### Miscellaneous

State Additional Skills You Feel Would Be Useful In the Evaluation of Your Qualifications For The Position Sought
Have You Ever Been Convicted of a Felony? Please note that you are not obligated to disclose expunged or sealed records of arrest or conviction. A conviction or pending trial will not necessarily disqualify you from the position for which you have applied.  Yes ___ No ___ If yes provide conviction dates and explain:

For additional references, please attach a separate sheet.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification or omission of information will be sufficient grounds for denial of employment or if hired, dismissal. I understand that any misleading or incorrect statements may render this application void and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical.

I authorize the listed employers, schools and personal references to give Spartek, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have personal or otherwise. I release all parties from all liability and agree not to sue anyone for any damage that results from furnishing or using such information.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_