

SPARTEK

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

Application for Employment

Phone: 608-269-3154

E Mail: nwingert@spartekinc.com

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: _____ E-Mail: _____

Shift Preference: _____ Position Applied for: _____ Date Available: _____

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 and U.S. military experience. (Attach additional sheet if necessary)

Name of Employer		Address	City	State & Zip Code	Telephone #
Employed (Month/Year) From:	Present or Last Salary \$ _____ Per _____	Type of work Performed		May We Contact? Yes ___ No ___	
To:	Name and Title of Immediate Supervisor		Reason for Leaving		
Name of Employer		Address	City	State & Zip Code	Telephone #
Employed (Month/Year) From:	Present or Last Salary \$ _____ Per _____	Type of work Performed		May We Contact? Yes ___ No ___	
To:	Name and Title of Immediate Supervisor		Reason for Leaving		
Name of Employer		Address	City	State & Zip Code	Telephone #
Employed (Month/Year) From:	Present or Last Salary \$ _____ Per _____	Type of work Performed		May We Contact? Yes ___ No ___	
To:	Name and Title of Immediate Supervisor		Reason for Leaving		

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Name of Employer		Address	City	State & Zip Code	Telephone #
Employed (Month/Year) From:	Present or Last Salary \$ _____ Per _____	Type of work Performed			May We Contact? Yes ___ No ___
To:	Name and Title of Immediate Supervisor		Reason for Leaving		

Education

High School	Address	City/State/Zip	Diploma or G.E.D.
Advanced Education (Vocational School, Junior College, College, Other)			
Name of Institution		City/State/Zip	
Did You Graduate? Yes No	Degree or Certificate Granted	Major/Minor Course of Study	

Military

From:	Branch of Service	Briefly Describe Acquired Skills that Would Help You With Your Work With Company
To:		

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:

References

Name _____ Occupation _____

Address _____

Phone # _____

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 _____