

# APPLICATION FOR EMPLOYMENT

**Patz® Corporation**

1-920-897-2251

P.O. Box 7 • Pound, WI 54161-0007

*This application, once submitted, will remain current for a period of 90 days from date of submission. If you wish to be considered for employment after the expiration of that 90 day period, it will be necessary for you to submit a new application or to contact the Patz Corporation Human Resources Department.*

Patz Corporation is an Affirmative Action/Equal Employment Opportunity Employer/Vets/Disabled.

<b>P E R S O N A L</b>	Last Name		First	Middle	Date
	Street Address				Home Phone ( ) -
	City, State, Zip				Business Phone ( ) -
	Position Desired				Social Security No.
	Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when				Pay Expected
	Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when				
	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, date of birth: _____				
	Are you either: (1) a U.S. citizen or, if not (2) do you currently have lawful employment authorization that permits you to work for the Company without the Company having to take any action, either upon employment, or at any date in the future, to ensure or assist you in maintaining lawful employment authorization to work for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to begin work? _____
	If your answer was "Yes," answer the following question: Are you a student on a temporary visa? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Proof of authorization to work will be required if you are employed by Patz Corporation.				
	Other special training or skills (languages, machine operation, etc.)				
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				
	Are you currently on lay-off and subject to call back? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	(1) Have you ever been convicted of, plead nolo contendere (no contest) to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____				
(If you are in doubt about the nature of any offense, please list; this question is designed to require disclosure of all past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no application will be denied a position because of past conviction, offense, violation or fine, which is not substantially related to the circumstances of the employment sought.) (2) Are you currently subject to a pending criminal charge for any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____					

<b>E D U C A T I O N</b>	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>M I L I T A R Y</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>	
	Describe your duties and any special training	Branch of service
		Rank at discharge

# EMPLOYMENT HISTORY

Please give accurate, complete **full-time** and **part-time** employment record. Start with present or most recent employer.

<b>1</b>	Company Name	Telephone ( ) -
	Address	Employed (State Month and Year) From                      To
	City, State, Zip	Hourly Pay Start                      Last
	Name of Supervisor	
	State title and describe your work	Reason for leaving

<b>2</b>	Company Name	Telephone ( ) -
	Address	Employed (State Month and Year) From                      To
	City, State, Zip	Hourly Pay Start                      Last
	Name of Supervisor	
	State title and describe your work	Reason for leaving

<b>3</b>	Company Name	Telephone ( ) -
	Address	Employed (State Month and Year) From                      To
	City, State, Zip	Hourly Pay Start                      Last
	Name of Supervisor	
	State title and describe your work	Reason for leaving

<b>4</b>	If you have worked for other employers within the past seven years, please attach an additional page to include the above information.
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<p><b>We may contact the employers listed above unless you indicate those you do not want us to contact.</b></p>	<p style="text-align: center;"><b>DO NOT CONTACT</b></p> <p>Employer Numbers (s) _____ Reason _____</p>
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## Agreement

I certify answers given herein are true and complete to the best of my knowledge.  
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
 I understand that this application is not and is not intended to be a contract of employment.  
 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 can be assigned to another shift and that I am required to abide by all rules and regulations of the Corporation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

### For Personnel Department Use Only

Date of Hire \_\_\_\_\_ Job Title \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temp. \_\_\_\_\_  
 Dept. \_\_\_\_\_ Shift \_\_\_\_\_ By \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

# PERSONAL REFERENCES

In addition to your employment references, we would like to be able to contact at least 3 personal references.

Please avoid using immediate family members. Using a friend as a personal reference is okay.

Name:	Relationship:
Address:	Best Time to Contact:
City, State:	(Between 6:30 a.m.-4:30 p.m.)
Home Phone No.:	
Work Phone No.:	Is it okay to contact this person at work?

Name:	Relationship:
Address:	Best Time to Contact:
City, State:	(Between 6:30 a.m.-4:30 p.m.)
Home Phone No.:	
Work Phone No.:	Is it okay to contact this person at work?

Name:	Relationship:
Address:	Best Time to Contact:
City, State:	(Between 6:30 a.m.-4:30 p.m.)
Home Phone No.:	
Work Phone No.:	Is it okay to contact this person at work?

## Release of Information Authorization

I hereby authorize the addressed company/individual to furnish Patz Corporation, Pound, Wisconsin with the information requested, and do hereby release the addressed company or individual, including Patz Corporation, from all liability for any damage whatsoever incurred in furnishing such information.

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

# VOLUNTARY AFFIRMATIVE ACTION INFORMATION - APPLICANTS

In an effort to implement our voluntary government affirmative action program record keeping and reporting requirements, we ask that you complete this data survey. Your cooperation is appreciated. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to discharge or discipline or any other negative personnel action. Information provided will be kept confidential in accordance with applicable regulations.

NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ Male \_\_\_\_\_ Female

## CHECK ONLY ONE OF THE FOLLOWING BOXES:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Hispanic or Latino:</b> a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.                             | <input type="checkbox"/> <b>Asian</b> (not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> <b>White</b> (not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  | <input type="checkbox"/> <b>American Indian</b> or Alaska Native (not Hispanic or Latino): a person having origins in any of the original peoples or North or South America (including Central America), and who maintains tribal affiliation or community attachment.   |
| <input type="checkbox"/> <b>Black or African American</b> (not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.   | <input type="checkbox"/> <b>Two or More Races</b> (not Hispanic or Latino): all persons who identify with more than one of the races of White, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, or American Indian or Alaska Native.   |
| <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | <input type="checkbox"/> <b>Decline to identify</b>  |

## INVITATION TO SELF-IDENTIFY PROTECTED VETERAN STATUS:

This employer, Patz Corporation, is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined below:

- A "*disabled veteran*" is one of the following: (a) a veteran a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) a person who was discharged or released from active duty because of a service-connected disability.
- A "*recently separated veteran*" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "*active duty wartime or campaign badge veteran*" means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "*Armed forces service medal veteran*" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veteran listed above.**
- I am not a protected veteran.**

## HOW WERE YOU REFERRED TO THIS JOB:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Advertisement                | <input type="checkbox"/> School/College    | <input type="checkbox"/> Employee referral |
| <input type="checkbox"/> State Job Service            | <input type="checkbox"/> Employment agency | <input type="checkbox"/> Temporary agency  |
| <input type="checkbox"/> Government agency            | <input type="checkbox"/> Walk-in           | <input type="checkbox"/> Recruiter         |
| <input type="checkbox"/> Other (please specify) _____ |  |  |

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_