



Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER M/F/D/V

Thank you for your interest in Lakeside. All portions of this application pertaining to you need to be completed so that all of your qualifications can be considered. In accordance with State and Federal laws, Lakeside does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability, arrest record or sexual preference. By virtue of its contract with the federal government, Lakeside is required to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and Vietnam era and disabled veterans.

Please check the type of employment you are applying for (check all that apply): full-time part-time seasonal

(Please Print)

LAST NAME		FIRST NAME	MIDDLE INITIAL
ADDRESS		SOCIAL SECURITY # (not required)	TELEPHONE NUMBER ()
CITY	STATE	ZIP	ALTERNATE NUMBER ()
Is the above address your permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you work in Wisconsin 10 months or less per year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you 18 years of age or older? Yes No
(If no, we will need to verify if you meet the minimum age requirement for employment in this state.)
 How were you referred to Lakeside? _____
 Names of friends/relatives working at Lakeside? _____
 Have you ever worked for any Lakeside facility before? Yes No If yes, when and what positions _____

Position applying for: _____ \$ _____ ^{WAGE DESIRED} per _____
 Other positions for which you would like to be considered. _____
 Shift desired: 1st 2nd 3rd Are you willing to work overtime? Yes No Available for work: / / to / /
 If required to drive a motor vehicle, your license number is: _____ State: _____

Have you ever been convicted of a crime or plead no contest for any offense or violation other than minor traffic violations? Yes or No
 If yes, please explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.) _____

EDUCATION

SCHOOL	NAME	ADDRESS	NO. YEARS COMPLETED	MAJOR SUBJECTS	DIPLOMA OR DEGREE REC'D
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Vocational or Technical					<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____

Describe course of study and job experience acquired through your schooling, training, seminars, internships, extracurricular activities, offices held, organizations, etc. that may be helpful for job consideration.

REFERENCES List individuals familiar with your job qualifications (no relatives or personal friends).

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

EMPLOYMENT RECORD

Start with your most recent employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status. If you need additional space, please use a separate sheet of paper.

1	Employer	Telephone Number	Dates Employed	
	Address	City, State, Zip	From	To
	Job Title	Work Performed	Hourly Rate/Salary	
	Supervisor		Starting	Final
	Reason for Leaving			
2	Employer	Telephone Number	Dates Employed	
	Address	City, State, Zip	From	To
	Job Title	Work Performed	Hourly Rate/Salary	
	Supervisor		Starting	Final
	Reason for Leaving			
3	Employer	Telephone Number	Dates Employed	
	Address	City, State, Zip	From	To
	Job Title	Work Performed	Hourly Rate/Salary	
	Supervisor		Starting	Final
	Reason for Leaving			
4	Employer	Telephone Number	Dates Employed	
	Address	City, State, Zip	From	To
	Job Title	Work Performed	Hourly Rate/Salary	
	Supervisor		Starting	Final
	Reason for Leaving			

May we contact the employers listed above? Yes No (If not, please indicate which ones you do not want us to contact.)

This application is current for only twelve (12) months. If you have not been offered employment and still wish to be considered for employment after that time, it will be necessary for you to reapply.

Following a conditional offer of employment, you will be required to take a drug test before your Lakeside employment is finalized. We also test our employees under reasonable suspicion and post accident.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with company policy. I agree to conform to the rules and regulations of Lakeside, and understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Lakeside or myself.

SIGNATURE _____

DATE _____



AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to Lakeside Foods, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. In addition, I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose or preventing me from obtaining employment which the officer, employee or agent disclosing such facts know are untrue.

SIGNATURE

DATE

Invitation to Identify for Affirmative Action Purposes

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

PLEASE PRINT

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE:

- Male Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- White American Indian or Alaskan Native
 Black/African American Asian/Other Pacific Islander
 Hispanic

HOW WERE YOU REFERRED TO THIS JOB:

- Advertisement School/College
 Employee Referral State Job Service
 Employment Agency Temporary Agency
 Government Agency Walk In
 Recruiter Other (Please Specify):