

**THIS APPLICATION WILL NOT BE CONSIDERED  
UNLESS FULLY COMPLETED**

*(Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.)*

**APPLICATION FOR EMPLOYMENT**

Last Name	First Name	Middle Init.	Social Security No.
Street Address (Include City, State and Zip Code)			Telephone Number

**STATEMENT & AUTHORIZATION TO RELEASE INFORMATION**

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION**

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. The company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, license or legal enforcement agencies to supply any information concerning my background. I further agree to submit to alcohol and/or drug screening tests, pre-employment screening practices and security interviews and reviews, if requested of me, at any time prior to or during my employment.

Signature (authorizing release of information)	Date
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Have you ever been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the location and address?	Termination Date	Why did you leave?
Position/general work area for which you are applying	Date you can start work	
Type of employment you are seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Part time is less than 40 hours per week.)		
Please indicate hours you are available to work:		
Monday _____	Tuesday _____	Wednesday _____
Saturday _____	Sunday _____	Holidays _____
List relatives employed by this company and where they work:		

Give employment history as completely as possible, starting with your present employer. For any unemployed or self-employed periods--show dates and location (insert an additional sheet if necessary). If you have never been employed, list references in place of "Company Name," and give their addresses and phone numbers. We may check other reference sources at our discretion.

COMPANY NAME	ADDRESS & PHONE	MONTH/YEAR	TITLE OF JOB HELD/ NAME OF SUPERVISOR	REASON FOR LEAVING
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		

If currently employed, may we contact your employer for a reference at this time?  Yes  No

Are you legally eligible for employment within the United States?  Yes  No  
 (Proof of citizenship or immigration status will be required upon employment.)

Are you 18 years of age or older?  Yes  No If under 18, applicant will be required to submit a birth certificate and a work permit as required by the state and/or federal laws.

**EDUCATION**

List Names and Locations of School Attended	Did you Graduate?		Describe any background experience, military service, education or training which you consider applicable to the position for which you are applying.
	Yes	No	
High School			
College			
Other (Name or Type)			

**PERSONAL REFERENCES**

Give the names and addresses of three (3) people (no relatives) you have worked with and to whom we may refer for a reference if necessary. We may also check other sources at our discretion.

Name:	PHONE NUMBER	Street:
Occupation:		City/State:
Name:		Street:
Occupation:		City/State:
Name:		Street:
Occupation:		City/State:

**GENERAL INFORMATION**

List Outside Interests (Clubs, Organizations, Sports, Hobbies) and how they will relate to the job for which you are applying:  
 (Need not list any interests which would indicate your religious, ethnic, or political background/affiliation.)

\_\_\_\_\_

\_\_\_\_\_

What business machines do you operate? (eg. calculator, cash register, computer etc.) \_\_\_\_\_

What prompted you to apply at our company? (Please check one) <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Window Sign <input type="checkbox"/> Cable/Radio <input type="checkbox"/> Referral by current employee (name) _____ <input type="checkbox"/> Other _____
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I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification or omissions in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time the company discovers the omission or falsification. **I will be a "terminable-at-will" employee. My employment and compensation can be terminated with or without cause, with or without notice, at any time, at the option of either the company or myself.** I further understand that no personnel recruiter or interviewer or other representative of the company other than the owner/manager has the authority to enter into any agreement for employment for any specified period of time.

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Date of Application

Signature as shown on Social Security Card

General information:

Describe any education, training, or professional experience which you think qualifies you, or makes you a desirable candidate, for the position for which you are applying:

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The following is a description of some of the essential job duties and functions regularly required for the position(s) for which you are applying. Please check "Yes" or "No" to indicate whether or not you are currently willing and able to routinely perform these duties. All employees are required to wait on customers, stock shelves, inventory merchandise in the store and warehouse, and perform routine custodial and maintenance duties which require the following:

Yes	No	
___	___	Lifting and carrying up to 60 pounds of merchandise and to customer's cars.
___	___	Squatting for a period of time while stocking or merchandising.
___	___	Bending or stooping.
___	___	Twisting.
___	___	Pushing or pulling.
___	___	Reaching and reading above shoulder level.
___	___	Climbing and working on step stools and 6 foot ladders.
___	___	Standing for a minimum of 4 hours at a time.

DORN TRUE VALUE STORES  
Madison, Wisconsin

Applicant \_\_\_\_\_

Please fill out accurately and completely. Type or print legibly.

Full Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Previous Address \_\_\_\_\_

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

Second Previous Address \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

I hereby authorize any employer, law enforcement agency, including but not limited to Wisconsin Div. of Labor/Workers Compensation, or other state agency, administrator, institution or private information bureau that has any record or knowledge of my credit, criminal, motor vehicle, or employment history to communicate to Dorn True Value, any statements, matters or information relating to the aforesaid. A facsimile or photocopy of this authorized release shall be valid as the original. According to the fair credit reporting act, I am entitled to know if employment has been denied because of information obtained by my prospective employer from a consumer reporting agency or source of information.

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

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

\*Information concerning your date of birth is only necessary to assist in the obtaining of information from the Department of Motor Vehicles and relevant Law Enforcement Agencies. This information will not become part of your personnel file.