



Economic Development in Marinette County

Employment Application

Marinette County Association for Business & Industry, Inc. is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, creed, political or religious affiliation, color, disability, marital status, gender, sexual orientation, national origin, ancestry, arrest record or conviction record.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address PO Box/Apartment/Unit #
City State ZIP Code
Contact#: _____ E-mail Address: _____
Date Available: _____ Social Security No.: _____ Desired Wage: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when? _____
Have you ever been convicted of a felony? YES NO
If yes, explain: _____

Education and Skills

High School: _____ Address: _____
From: _____ to: _____ Did you graduate? YES NO Graduated: _____
College: _____ Address: _____
From: _____ to: _____ Did you graduate? YES NO Degree Attained _____
Other: _____ Address: _____
From: _____ to: _____ Did you graduate? YES NO Degree Attained: _____

Skills

I am proficient at:
MS Word: Y___ N___ Publisher: Y___ N___
MS Excel: Y___ N___ QuickBooks Y___ N___
MS Outlook Y___ N___ Adobe Acrobat Y___ N___
MS Access: Y___ N___ Other _____
PowerPoint: Y___ N___ _____

X

Previous Employment

Company _____ Telephone _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

AUTHORIZATION AND RELEASE

I hereby agree to submit to any lawful drug or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law. Refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. As a condition of employment, I understand I am required to comply with MCABI’s drug-free workplace policy. I also understand that this application is not, and is not intended to be a contract for continued employment.

Date: _____ Signature: _____

Please read and initial each of the following statements. If you have a question regarding any of these statements call MCABI (715-732-1050) prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

_____ I hereby authorize MCABI to investigate all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release and hold harmless the Village of Wausaukee, its officers, agents, and employees, and the person(s) providing the information, from all liability for any damage that may result from utilization of this information.

_____ I understand that I may be required to successfully pass a drug test to gain employment or continue employment with MCABI. I consent freely and voluntarily to participate in required drug tests at a location selected by MCABI. I hereby release and hold harmless MCABI and consent to the release of the test results to MCABI. I hereby release and hold harmless MCABI, its officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and decisions concerning employment based upon the results of these tests. If employed by MCABI, I understand that I am required to comply with MCABI’s drug-free workplace policy, and refusal to submit to such testing will result in disciplinary action, up to and including discharge.

_____ I authorize MCABI, its officers, agents, and employees to conduct a driver’s license and/or criminal background check prior to making a decision regarding employment. I release and hold harmless MCABI, its officers, agents, and employees, and the person(s) providing the information, from any liability related to the performance or result of this check.

Print Name _____ Signature _____ Date: _____

In connection with my application for employment (including contract for services) with MCABI and compliance with the Fair Credit reporting Act and Section 604 (b) of the FCRA, I have been advised that a credit report may be ordered to check my credit history, bankruptcies, suits, judgments, and liens. If any adverse reaction is taken based on the consumer report, a copy of the report and a summary of my rights will be provided to me.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for MCABI to procure consumer reports at any time during my employment (or contract) period.

I release and hold harmless MCABI, its officers, agents and employees, and the person(s) providing the information, from any liability, related to the performance or result of this check.

I have read and fully understand the above release.

Print Name _____ Signature _____ Date: _____