

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 equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

P E R S O N A L	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 If yes, date of birth: _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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? Yes 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? Yes No
If Yes, provide details: _____

E D U C A T I O N	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	

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

EMPLOYMENT HISTORY

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

1	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

2	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

3	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

4	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>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p style="text-align: center;">DO NOT CONTACT</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. The information concerning status as an individual with a disability and veteran status may also be used to help you take advantage of the Company's affirmative action program for individuals with a disability and covered veterans. 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: _____

CHECK ONE: ___ Male ___ Female

CHECK ONLY ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:

- | | |
|--|--|
| <input type="checkbox"/> Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. | <input type="checkbox"/> Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> White (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"/> American Indian 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"/> Black or African American (not Hispanic or Latino): a person having origins in any of the black racial groups of Africa. | <input type="checkbox"/> Two or More Races (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"/> Native Hawaiian or Other Pacific Islander (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"/> Decline to identify |
| <input type="checkbox"/> Asian (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, | |

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) _____ |

TO BE COMPLETED BY APPLICANT -- NOT FOR INTERVIEW PURPOSES -- TO BE FILED SEPARATELY FROM APPLICATION FORM -- RETURN TO HUMAN RESOURCES.