



**When our Customers are Satisfied....**

**We succeed!**

# **Application For Employment**

We are committed to a policy of equal treatment and opportunity in every aspect of our employment relations without regard to race, color, religion, sex, national origin, age, marital status, or physical handicap. This includes, but is not limited to, recruiting, hiring, selection for training, transfers, promotion, compensation, or any company sponsored social and recreational programs.

**313 Hastings Place ■ P.O. Box 1506  
Eau Claire, Wisconsin 54702-1506  
Tel: (715) 834-6513 ■ Fax: (715) 834-3723**

## Prospective Employee Information

Email			Date
Last Name	First	Middle	Social Security No --
Street Address			Primary Phone No. --
City	State	Zip	Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applying For Warehouse / Customer service / Sales / Etc.		Have you ever been previously employed by IFD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Do you have any relatives employed by IFD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Have you ever been convicted of a crime? (Misdemeanors, felonies, driving convictions, etc.) This information will not be used in determining employment status unless the conviction(s) is/are substantially related to the position for which you are applying.</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No If yes, please list:</p>			

## Education/Training

Name and Location	Course of Study/Degree	Graduated?
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No
Military		
Professional Memberships/Certifications		

## Employment History (previous 3 years)

Name of Company		
Job Title	Date Started	Date Left
Name of Company		
Job Title	Date Started	Date Left
Name of Company		
Job Title	Date Started	Date Left
Name of Company		
Job Title	Date Started	Date Left

## Skills & Abilities

Typing WPM	10 Key	Data Entry
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No    State _____	CDL <input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift <input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Skills:	Forklift Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	Experience – Number of years: _____
Additional Skills / Qualifications:	Sit Down Forklift <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Standup Reach Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Pallet Mover – Walking <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Pallet Mover – Riding <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

