

BOCK WATER HEATERS

110 S. Dickinson Street
Madison, WI 53703
608-257-2225

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Please type or print, and answer all questions.

APPLICATIONS ARE CONSIDERED CURRENT FOR ONLY 60 DAYS
ONLY ORIGINAL APPLICATION FORMS WILL BE ACCEPTED.

PERSONAL INFORMATION

NAME:

Last

First

Middle

DATE:

ADDRESS:

Street

City

State

Zip

TELEPHONE: DAY ()

EVENING: ()

Are You 18 years old or older?

Yes No

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country?

Yes No

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license?

Yes No

Have you ever pleaded guilty, no contest or been convicted of a felony?

Yes No

If yes, please provide further information as to the offense(s), date, location of court, etc. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. The employer will consider your record only as it may substantially relate to the job for which you are applying. Attach additional sheets if necessary. _____

Are there any criminal charges currently pending against you?

Yes No

If yes, please provide further information as is requested for conviction. Pending charges will only be considered to the extent they substantially relate to the job you are applying for. Previously dismissed charges do not need to be listed. _____

EMPLOYMENT DESIRED

POSITION:

DATE YOU
CAN START:

SALARY/WAGE
RATE DESIRED:

Are you available to work:

Full-Time

Part-Time

Temporary or Seasonal

Shift you can work:
(Check all that apply)

1st Shift

2nd Shift

Flex Shift

Number of hours per week desired:

Hours available:

Are you on a layoff and subject to recall:

Yes

No

Have you ever applied to or worked at this company before?
If yes, when?

Yes

No

Referral Source:
Source Name:

Advertisement

Friend

Relative

Walk-In

Employment Agency

Other

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be Specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary. Explain any gaps in employment in the Comments section below.

Are you employed now? Yes No

If yes, may we contact your present employer? Yes No

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

WORK EXPERIENCE/FORMER EMPLOYERS (continued)

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Comments (explain any gap in employment): _____

EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration)

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>	
TRADE OR BUSINESS SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	

Describe any other training or skills you consider relevant to the position for which you are applying: _____

REFERENCES (persons not related to you)

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS OR OCCUPATION	YEARS AQUAINTED

NOTE: Your application will not be processed unless you have read and signed the Authorization, Release and Certification on Page 5.

AUTHORIZATION, RELEASE AND CERTIFICATION

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether or oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I authorize Bock Water Heaters to conduct a background check. In connection with this consent, I authorize the use of law enforcement agencies and/or private background check organizations to assist in collecting this information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other illegal drugs. I further understand that a positive test result, a refusal to submit to a test, or falsifying or tampering with the results of a test will disqualify me from further consideration for employment.

I understand this application will be considered inactive after sixty (60) days.

I certify that I have read (or have had read to me) and understand this authorization, release and certification.

Applicants Signature: _____

Applicants Name
(Print or Type) _____

Date Signed: _____