



ALBUS CONVEYORS, INC.  
209 E. 2nd St. So.  
Ladysmith, WI 54848-0100

715-532-6060  
1-800-982-1183  
715-532-5687 FAX  
sales@albusconveyors.com  
www.albusconveyors.com

## APPLICATION FOR EMPLOYMENT

Send completed application to sales@albusconveyors.com

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Have you ever used another name and if so, please provide name(s): \_\_\_\_\_

Social Security No. \_\_\_\_\_ Telephone (Home): \_\_\_\_\_ (Business) \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Have you filled out an application here before?  YES  NO When? \_\_\_\_\_

Are you 18 years of age?  YES  NO Date available for work \_\_\_\_\_ Salary desired \_\_\_\_\_

Concerning Covid-19, have you been practicing social distancing?  YES  NO  SOMEWHAT

Have you ever been convicted or are you awaiting trial for a felony charge?  YES  NO

(A conviction or pending trial will not necessarily disqualify you from the position for which you have applied)

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT RECORD:

List all previous employers, beginning with your most recent job. Please include summer jobs, part-time jobs, and self-employment. May we contact your most recent employer?  YES  NO

Name & address of employer	Dates Employed		Salary		Reason for leaving
	From	To	Start	End	
COMPANY NAME					
POSITION HELD	ADDRESS				
CITY STATE	PHONE NO.		DIRECT SUPV.		

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	From	To	Start	End	
COMPANY NAME					
POSITION HELD	ADDRESS				
CITY STATE	PHONE NO.		DIRECT SUPV.		

**REFERENCES:** Please list the names of people who know you well, but are not relatives.

Name	Occupation	Address	Phone	How long have you know this person?	Relationship

I authorize the listed employers and personal references to give Artisans (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release all parties from all liability, and agree not to file suit with anyone, for any damage that may result from furnishing or using such information.

Signature of Applicant

Date

**EDUCATION:**

Name & address of school	Period Attend.		Did You Graduate	Major	Degree
	From	To			
HIGH SCHOOL					
COLLEGE/TECHNICAL					
GRADUATE WORK					

Do you have a GED or equivalent?  YES  NO Date Received \_\_\_\_\_

Please list student activities, clubs, offices held and scholastic honors in high school, and/or college.

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Please list special skills, experience, and licenses that you believe could be useful in the position for which you are applying. Include any training experience, or additional education not included above; including correspondence courses, military service schools, and in-service training. Please list the dates when such training took place.

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In case of emergency contact:

NAME \_\_\_\_\_  
first middle last

ADDRESS \_\_\_\_\_  
number street home phone

\_\_\_\_\_ city state zip work phone

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification or omission of information will be sufficient grounds for denial of employment, and if hired, dismissal. I understand that employment is conditioned upon verification of the information contained herein and may also be conditioned upon my passing a job-related physical examination.

In consideration of my employment by Artisans, I agree to learn and conform to Artisans' rules and regulations. I further agree that I have the right to terminate my employment without notice at any time for any reason, and that Artisans also retains this right. I understand that no Artisans manager or representative other than the Director of Human Resources has authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the above.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE