



# Employment Application

Please return to:  
**W60 N119 Cardinal Ave.**  
**Cedarburg, WI 53012**  
 in person or by mail or email:  
[amanda@amishcraftsmenguild.com](mailto:amanda@amishcraftsmenguild.com)

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.		Date of Interview (Month/Day/Year): ____/____/____	
<b>Applicant Data</b>		Position Applied for:	
How were you referred to us:			
Full Name:			
Address:		City:	State: Zip Code:
Phone:		Alternative Phone:	E-mail:
Date Available to Start:		Social Security Number: - -	Salary Requirement:
If you are under 18 years of age, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Have you ever pleaded guilty, no contest or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give dates and details:			
Answering yes to these questions does not constitute an automatic rejection for employment. Date the offense , seriousness and nature of the violation, rehabilitation and position applied for will be considered.			
Driver's License number (if applicable to position)		State:	
<b>Education History</b>			
Name and Location of High School:		Did you graduate?	
Name and Location of College:		Years attended:	
Degrees Completed:		Other Subjects Studied:	
Trade, business or Correspondence School:		Years attended:	
Subjects Studied:		Did you graduate?	
<b>Summarize Your Special Skills or Qualifications</b>			

Previous Employment (begin with most recent position)			
<b>Dates of Employment:</b>	From: ____/____/____	To: ____/____/____	Position (s) Held:
Company Name:		Address:	
City:	State:	Zip:	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Dates of Employment:</b>	From: ____/____/____	To: ____/____/____	Position (s) Held:
Company Name:		Address:	
City:	State:	Zip:	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Dates of Employment:</b>	From: ____/____/____	To: ____/____/____	Position (s) Held:
Company Name:		Address:	
City:	State:	Zip:	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of 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, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified prior of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."</p>			
Signature of Applicant: _____		Date: _____	