



1500 Lamers Dr.  
P.O. Box 242  
Little Chute, WI 54140

# Application For Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accomodation to the application and /or interview process

Please Print

should notify a representative of the Human Resources Department

Position applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other # ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_ If you are under 18, can you furnish a work permit? Yes No

If no, please explain \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions \_\_\_\_\_ No

Are you legally eligible for employment in this country? Yes No

Date available for work \_\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired (Circle One): Full-Time Part-Time Temporary Seasonal Educational Co-op

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information:

From (month/year)	To (month/year)	Employer	Telephone # ( )
Starting job title/final job title		Street Address	City State
Immediate Supervisor and title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference?		Compensation: Hourly or Salary (circle one) Start \$ Per Final \$ Per	
Reason for leaving		Commision or Bonus (circle one) \$ (est.)	
From (month/year)	To (month/year)	Employer	Telephone # ( )
Starting job title/final job title		Street Address	City State
Immediate Supervisor and title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference?		Compensation: Hourly or Salary (circle one) Start \$ Per Final \$ Per	
Reason for leaving		Commision or Bonus (circle one) \$ (est.)	
From (month/year)	To (month/year)	Employer	Telephone # ( )
Starting job title/final job title		Street Address	City State
Immediate Supervisor and title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference?		Compensation: Hourly or Salary (circle one) Start \$ Per Final \$ Per	
Reason for leaving		Commision or Bonus (circle one) \$ (est.)	

AN EQUAL OPPURTUNITY EMPLOYER

## Skills and Qualifications

Circle any programs you are familiar with:

Word      Excel      MS Office      Power Point      Internet

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

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## Educational Background (if job related)

School (Include City and State)	Number of Years Completed	Level of Completion	Course of Study
		GED Diploma Degree	
		GED Diploma Degree	
		GED Diploma Degree	
		GED Diploma Degree	

## References

Name	Title	Relationship To You	Telephone	Number Of Years Known
			( )	
			( )	
			( )	
			( )	

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.**

**Do not sign until you have read the above applicant statement.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



## AUTHORIZATION AND RELEASE

I certify that the information provided by me on this form is true and complete to the best of my knowledge. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I agree that Building Services Group shall not be held liable in any respect if my application is rejected or my employment is terminated for this reason.

Building Services Group, its employees, and its agents are hereby authorized, at the time of my application or during the course of my employment, to obtain from any source, information regarding my criminal background as relates to the position for which I applied for or in which I am employed.

I authorize any former or current employer, school or government agency as well as its officers, agents and employees to release any and all information to Building Services Group and its customer, its employees, and agents should the customer, its employees, or its agents make a written or oral request for such information.

I further, voluntarily and knowingly, fully release and disclaim, absolve, indemnify, and hold harmless such former employers, schools or government agencies as well as its officers, agents and employees from any and all claims, liabilities, demands, causes of action, damages or costs, including reasonable attorneys' fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the person or entity disclosing such facts knows are untrue.

A photocopy or telephonic facsimile (FAX) of this authorization and release shall be valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FAIR CREDIT REPORTING ACT AUTHORIZATION AND RELEASE

I acknowledge Building Services Group's notification to me as required by the Fair Credit Reporting Act of 1970 that a consumer report or an investigative consumer report may be made on me prior to or during the course of my employment with Building Services Group, including information related to my character, general reputation, and personal characteristics, and I hereby consent to such.

I understand that upon my written request a complete and accurate disclosure of the nature and scope of the investigation requested will be provided for me.

### SEND TO:

Human Resources  
Building Services Group  
P. O. Box 242  
Little Chute, WI 54140  
FAX (920) 788-8094

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant - Please keep the following for your file – A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 - 1681u, at the Federal Trade Commission's web site ([Http://www.ftc.gov](http://www.ftc.gov)). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you and give you the name, address and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free

report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the changes.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA can-not reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you written notice telling you it has reinstated the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - ally to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission,

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free telephone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user, or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING: CRA'S, creditors and others not listed below

National Banks, federal branches/agencies or foreign banks (word "National" or initials "NA" appear in or after bank's name) Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)

PLEASE CONTACT Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761 Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "ES.B." appear in federal institutions name) Federal credit unions (words "Federal Credit Union" appear in institutions name)

State-chartered banks that are not members of the Federal Reserve System.

Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

Office of Thrift Supervisor Consumer Programs Washington, DC 20552 800-842-6929

National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 705-518-6360

Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306

Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051