



APPLICATION FOR EMPLOYMENT

1600 Industrial Park Rd., PO Box 207, Lancaster WI, 53813 www.socinc.org

Phone: 608-723-6659 Fax: 608-723-7320

Affirmative Action/Equal Opportunity Employer

Position(s) applying for: _____

APPLICANT INFORMATION

Last Name	Middle	First	Date
Current Street Address			Home Phone/Cell Phone
City, State Zip			Email address
Have you ever applied for employment with us?		Yes	No
Previously employed by SOC?	Yes	No	Position:
Type of Employment Sought:	Part-Time	Full-Time	
Current Employment Status:	Available Start Date:		

EMERGENCY CONTACT

Name _____	Contact Number _____
Relationship _____	

EDUCATION

School	Name & Location	Years Attended	Degree/Diploma
Graduate			
College			
Other: Business Trade			
High School			

DRIVER INFORMATION

Drivers Licence Number: _____	Date of Birth _____
Endorsements: _____	Current DOT Physical: yes _____ no _____
Can you provide proof of insurance: yes _____ no _____	Last 4 digits of Social Security # _____
DOT violations within the past 5 years: yes _____ no _____ If yes, please list	

WORK EXPERIENCE

Please list full-time and part-time employment history starting with your present or most recent employment.

Company Name:	From:	To:
Address		
Kind of Business	Reason for Leaving	
Job Title		
Full name, title, phone # of supervisor		
Summary of duties and responsibilities		

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May we obtain references from the employers listed on this application? yes _____ no _____

If "no", please explain:

ADDITIONAL CREDENTIALS

Education, training or special skills not already covered:

List volunteer, professional, trade, business or civic activities and offices held:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employes:

1. _____

2. _____

3. _____

Have you ever been convicted of a felony? yes _____ no _____

If "yes", when? Month _____ Year _____

Explain: _____

I certify that all the information given on this application is true and completed to the best of my knowledge, and agree that any false or missing information may disqualify me for this position. Also, I authorize investigation of all statements contained in this application and further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Date: _____ Signature _____