

EMPLOYMENT APPLICATION
 We are an Equal Opportunity Employer

APPLICANT INFORMATION

Please print in ink and complete the entire application.

Name: _____
 First Middle Last

Address: _____
 Number Street City State Zip Code

Email Address: _____ Telephone: (____) _____
 Cell Phone: (____) _____

Are there any other names under which you have worked or attended school? Yes No
 If yes, please list for reference checking purposes. _____

Are you legally authorized to work in the U.S.? Yes No
 If hired, you will be required to provide proof of work authorization in accordance with the Immigration Reform and Control Act.

Are you at least 18 years of age or a high school graduate? Yes No
 If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violation?
 Yes No If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. Convictions are not an automatic bar to employment, unless the circumstances of the offense(s) substantially relate to the nature of the job offered.
 (W.I.s.111335, Stats). _____

Do you have any pending criminal charges against you? Yes No If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued. _____

Have you ever applied at this company before? Yes No If yes, when? _____
 Have you ever worked at this company before? Yes No If yes, when? _____

How were you referred to this company? Walk-in Agency Name: _____ School
 Friend/Relative: _____ Newspaper Internet / Website - _____
 Someone who works here- Name: _____

In case of emergency notify: _____
 Name, Relationship Address, City, State Phone #

POSITION APPLYING FOR: Office Production Lab Maintenance Janitorial
 Other _____

Salary Desired _____ Shift Preference 1st 2nd 3rd Date you can start: _____

Are you employed now? Yes No If so, may we contact your present employer? Yes No

SPECIAL SKILLS

Office / Administrative positions – describe computer/software knowledge, word processing, database and typing speed, and office equipment experience.

Production / Maintenance / Janitorial positions – describe experience listing manufacturing machinery used, special equipment operated, special tools used, accelerated training or certifications achieved:

EDUCATION

SCHOOLS	Name and Location (City, State)	# Years	Major Subjects	Diploma or Degree Received
High School				
Tech. School				
College				
Other				
Other				

EMPLOYMENT REFERENCES - List three (3) individuals you have known for at least one year who are familiar with your job qualifications (no relatives or personal friends please):

NAME	ADDRESS	RELATIONSHIP	PHONE #	YEARS KNOWN

EMPLOYMENT HISTORY - List employment including the past 10 years.
 - For any DOT driving position, you must list all commercial driving experience for the past 10 years.
 - Attach sheet/ detailed resume if more space is needed

#1 Most Recent Employer Fulltime Part-time

Name of Employer _____ Address _____ City _____ State _____ Zip Code _____

Name of Immediate Supervisor: _____ Telephone: (____) ____ - _____ Ext.# _____

Job Title: _____ Employment Dates (Month and Year) From: _____ To: _____

Description of Job Duties _____

Salary – Starting: _____ Ending: _____

Reason for Leaving: _____

If currently employed, may we contact a reference? Yes No If yes, whom? _____

#2 Former Employer Fulltime Part-time

Name of Employer _____ Address _____ City _____ State _____ Zip Code _____

Name of Immediate Supervisor: _____ Telephone: (____) ____ - _____ Ext.# _____

Job Title: _____ Employment Dates (Month and Year) From: _____ To: _____

Description of Job Duties _____

Salary – Starting: _____ Ending: _____

Reason for Leaving: _____

If currently employed, may we contact a reference? Yes No If yes, whom? _____

#3 Former Employer Fulltime Part-time

Name of Employer _____ Address _____ City _____ State _____ Zip Code _____

Name of Immediate Supervisor: _____ Telephone: (____) ____ - _____ Ext.# _____

Job Title: _____ Employment Dates (Month and Year) From: _____ To: _____

Description of Job Duties _____

Salary – Starting: _____ Ending: _____

Reason for Leaving: _____

If currently employed, may we contact a reference? Yes No If yes, whom? _____

#4 Former Employer Fulltime Part-time

Name of Employer _____ Address _____ City _____ State _____ Zip Code _____

Name of Immediate Supervisor: _____ Telephone: (____) ____ - _____ Ext.# _____

Job Title: _____ Employment Dates (Month and Year) From: _____ To: _____

Description of Job Duties _____

Salary – Starting: _____ Ending: _____

Reason for Leaving: _____

If currently employed, may we contact a reference? Yes No If yes, whom? _____

#5 Former Employer Fulltime Part-time

Name of Employer _____ Address _____ City _____ State _____ Zip Code _____

Name of Immediate Supervisor: _____ Telephone: (____) ____ - _____ Ext.# _____

Job Title: _____ Employment Dates (Month and Year) From: _____ To: _____

Description of Job Duties _____

Salary – Starting: _____ Ending: _____

Reason for Leaving: _____

If currently employed, may we contact a reference? Yes No If yes, whom? _____

#6 Former Employer Fulltime Part-time

Name of Employer _____ Address _____ City _____ State _____ Zip Code _____

Name of Immediate Supervisor: _____ Telephone: (____) ____ - _____ Ext.# _____

Job Title: _____ Employment Dates (Month and Year) From: _____ To: _____

Description of Job Duties _____

Salary – Starting: _____ Ending: _____

Reason for Leaving: _____

If currently employed, may we contact a reference? Yes No If yes, whom? _____

If applying for a Supervisory or Managerial position, you must complete the Pre-Employment Authorization and Release. If applying for a DOT Driving position, you must complete the Supplemental Driver Application.

CANDIDATES: please read carefully before signing this application form:

- 1. All information contained in this application is true and complete. I understand that misrepresentations or omissions of any kind may result in denial of consideration, employment, or be cause for subsequent dismissal if I am hired.
2. I authorize Badger Color Concentrates, Inc. to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me and my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. If employed, I agree to conform to the company's policies and practices.
4. Regardless of whether or not I become employed by Badger Color, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option, or the company's.

If you have any questions, please feel free to contact the Human Resources Department.

Signed by Applicant: _____ Date: _____

Print Name Here: _____

NOTE: DRIVER CANDIDATES MUST COMPLETE SUPPLEMENTAL DRIVER APPLICATION

Thank you for taking an interest in Badger Color Concentrates, Inc.

DO NOT WRITE BELOW THIS LINE

[] DIRECT CANDIDATE
[] AGENCY NAME: _____ AGENCY CONTACT: _____

CANDIDATE SCREENING:
[] PHONE SCREEN [] PASSED MATH / WEIGH UP TEST [] BACKGROUND CONFIRMATION
INTERVIEW DATE: _____ TIME: _____
INTERVIEW WITH: _____
REMARKS: _____

[] RECOMMENDED FOR HIRE
[] NOT QUALIFIED
REASON: _____

CANDIDATE NOTIFIED _____

OFFER APPROVED BY: HIRING SUPV./MGR. _____ DATE: _____
HR MANAGER _____ DATE: _____

IF RECOMMENDED FOR HIRE [] DRUG SCREEN [] PHYSICAL (__ Exam __ Lifting __Auditory __Respiratory)
DATE SCHEDULED: _____ [] PASSED

REQUESTED START DATE: _____ SALARY: _____ PER [] HOUR [] ANNUAL

PRE-EMPLOYMENT AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, organization, school, or government agency, its officers, employees and agents, to release all information concerning my former employment, and to release requested academic records and public record information, to said prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of this employer. I understand the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information, regarding my suitability for employment possessed by it. I understand and agree that said prospective employer, as part of its evaluation of my employment, may ask a company that provides reference-checking services to assemble this information, as well as information on my character through interviews (by telephone or written correspondence) or other contact with my references and others who may know me or may know about the items of information requested, and that a report of this information may be made to said prospective employer. I understand I have the right to request additional information about this inquiry and reference report according to the Fair Credit Reporting Act. This additional information will be provided to me upon my written request. If additional information is requested, the name and address of the reference checking company is: **MRA - The Management Association, Inc., N19 W24400 Riverwood Drive, Waukesha, WI 53188. MRA's telephone number is (262) 523-9090 or 1-800-488-4845.** In addition, I recognize a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's 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 officer, employee or agent disclosing such facts knows are untrue.

Candidate's Signature	Date	Witness' Signature	Date
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Print Candidate's Name

For reference checking purposes only, complete the following information: (please print)

1) **May your CURRENT supervisor or manager, and/or any references or individuals associated with your CURRENT employer (including Human Resource department) be contacted?** Yes No Not currently employed

Specific Comments: _____

2) Provide Social Security Number, required to obtain academic verifications: _____

3) Provide any FORMER or ALTERNATE NAME(S) such as change of last name, and/or use of assumed last name or nickname in order to locate your employment and/or school records. CIRCLE any names used within the past 7 years.

4) Provide the following information:

School Name	Location (City/State)	Circle degree completed			Grad. Date
		Diploma	GED/HSED	None	
		Associate's	Bachelor's	Other	

Note: Answer these questions ONLY for Supervisory, Managerial, or Driver positions (or if instructed by the hiring employer):

5) Date of Birth (required for criminal record check): _____

6) Driver's License Number: (required for driver's license check): _____ State: _____

Residents of California, Minnesota, and Oklahoma – Please check if you wish to receive a copy of your report.

M R A | the management association, inc.

#4 RC Authorization Form

MOTOR VEHICLE OR D.O.T. DRIVING POSITIONS Social Security#: _____ - _____ - _____ Date of Birth ___/___/___

Complete this section only if applying for a position that requires you to operate a motor vehicle (D), or D.O.T. (CDL).

EXPERIENCE AND QUALIFICATIONS FOR DRIVERS

ADDRESSES LAST 3 YEARS:

From - To Dates: _____ Address (street, city, zip code) _____ (Attach sheet if more space is needed)

LICENSES

STATE	DRIVER'S LICENSE NUMBER	LICENSE TYPE (D, CDL)	EXPIRATION DATE

DRIVING EXPERIENCE

Equipment	Type of Equipment (Van, Tank, Flat)	DATES		Approximate number of miles
		From	To	
Straight Truck				
Tractor-Semi				
Other				

ACCIDENT RECORD FOR PAST 3 ½ YEARS OR MORE (Attach sheet if more space is needed)

Dates	Type of Crash (Head-on, Rear end, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS – OTHER THAN PARKING VIOLATIONS

(Attach sheet if more space is needed)

Dates	Location	Charge(s)	Fine(s)

Additional Questions:

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	YES	NO
B. Has any license, permit or privilege ever been suspended or revoked?	_____	_____
(If you answer yes to either A or B, note it below or attach a statement giving details.)	_____	_____

In the past two years:

C. Have you tested positive for any controlled substances on a pre-employment test for any other company?	_____	_____
D. Have you refused to be tested for any controlled substance on a pre-employment test for any other company?	_____	_____
E. Have you tested above .04 on any alcohol pre-employment test for any other company?	_____	_____
(If you answered yes to C, D, or E, note it below or attach a document indicating the substance abuse professional you consulted.)		

Annual Certificate of Violations and Review of Driving Record

I certify that the above listing of driving experience, traffic violations (other than parking violations) and convictions or forfeitures is a true and complete listing.

VIOLATIONS ARE LISTED ABOVE I HAVE NO VIOLATIONS

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any Violation required to be listed during the past 12 months.

Driver Signature _____ Date of this Certification _____

Annual Review of Driving Record

In accordance with 49 Code of Fed. Regulations Sec. 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished in accordance with 49 CFR Sec.391.27, has been reviewed for the past 12 months.

HR Representative / Reviewer _____ Date _____