



R.W. Fernstrum & Company

1716 11th Avenue

Menominee, MI 49858

Phone 906-863-5553 Fax 906-424-4508

Email: jeang@fernstrum.com

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

FOR OFFICE USE ONLY	
Date Received	Position
Rate	Start Date

▶ PERSONAL INFORMATION

Name - Last	First	Middle Initial	Home Telephone () -	
Mailing Address	City	State	Zip	Other Telephone () -
E-Mail Address	Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If you are under age 18, do you have an employment/age certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

▶ POSITION

Position or type of employment desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

▶ EDUCATION AND TRAINING

High school graduate or general education (GED) test passed? Yes No

If no, highest grade completed:

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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▶ VETERAN INFORMATION (Most Recent)

Branch of Service	Date of Entry	Date of Discharge
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▶ SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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▶ REFERENCES (Names of three people not related to you - at least one with whom you have worked)

Name	Address	Telephone	Occupation

▶ BACKGROUND

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes No If Yes, please explain:

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► **WORK EXPERIENCE** (Most recent first - Include voluntary work and military experience)

Employer	Telephone () -	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Reason For Leaving		Hours Per Week
Specific Duties Performed		May we contact?
Number of employees supervised:		Yes No
Employer	Telephone () -	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Reason For Leaving		Hours Per Week
Specific Duties Performed		May we contact?
Number of employees supervised:		Yes No
Employer	Telephone () -	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Reason For Leaving		Hours Per Week
Specific Duties Performed		May we contact?
Number of employees supervised:		Yes No
Employer	Telephone () -	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Reason For Leaving		Hours Per Week
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Number of employees supervised:		Yes No
Employer	Telephone () -	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Reason For Leaving		Hours Per Week
Specific Duties Performed		May we contact?
Number of employees supervised:		Yes No

► By signing my name below, I certify that the information given in this application is true, correct, and complete. I understand that, if employed, any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested or pertinent information, may be considered sufficient cause for immediate dismissal.

► I understand that I will be required to pass a physical examination, including a drug test, if an offer of employment is made. By signing my name below, I consent to these procedures.

► I understand that any employment relationship with this employer is "at will" and does not constitute a contract. This means that I may resign at any time and that the employer may discharge me at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by R.W. Fernstrum & Company.

► I hereby authorize the performance of background checks and verification of any or all information listed above deemed necessary in reaching an employment decision.

► **SIGNATURE OF APPLICANT** _____ **DATE** _____