

**Return to:** 1411 North Superior Ave.  
Tomah, WI 54660

Application #: \_\_\_\_\_



**HANDISHOP**  
INDUSTRIES

***APPLICATION FOR EMPLOYMENT***

**Please Print:**

Position (s) Applied For: \_\_\_\_\_ Salary Required: \_\_\_\_\_ Application Date: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Employee \_\_\_\_\_ Walk-in \_\_\_\_\_ Website \_\_\_\_\_ Other

Name of Source (if applicable): \_\_\_\_\_

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NAME: \_\_\_\_\_  
Last First Middle

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

Telephone Number: \_\_\_\_\_  
Including Area Code

If necessary, best time to call you at home is: \_\_\_\_\_ May we contact you at work?: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, work number and best time to call: \_\_\_\_\_  
Including Area Code a.m. or p.m.

If you are under 18, can you furnish a work permit?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed an application here before?: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date: \_\_\_\_\_

Have you ever been employed here before?: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date: \_\_\_\_\_  
From To

Are you legally eligible for employment in this country?: \_\_\_\_\_ Yes \_\_\_\_\_ No (Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work: \_\_\_\_\_ Are you on lay-off and subject to recall?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of employment desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temp \_\_\_\_\_ Seasonal

***AN EQUAL OPPORTUNITY EMPLOYER***

## **EMPLOYMENT HISTORY**

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed	Summarize Job and Responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	
Employer	Telephone	Dates Employed	Summarize Job and Responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	
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Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	

Comments (including explanation of any gaps in employment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. \_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND (if job related)**

List last three (3) schools attended, starting with last one. List number of years completed; indicate degree or diploma earned, if any. List Grade Point Average or Class Rank and major and minor field of study (if applicable).

School Name	Number of Years Completed	Degree/Diploma	GPA	Major	Minor

**REFERENCES:** List name and telephone number of three business/work references whom are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references that are NOT related to you.

Name	Telephone (include area code)	# of years known

List professional, trade, business or civic associations and any offices held. (Exclude memberships that would reveal gender, race, religion, national origin, age, color, disability or other protected status.):

Organization

Offices Held

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List special accomplishments, publications, awards. (Exclude memberships that would reveal gender, race, religion, national origin, age, color, disability or other protected status.):

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List any additional information you would like us to consider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application will be kept on file for a period of two years and I will be considered for positions as they come available. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_





# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.