

Employment Application

Geneva Laboratories, Inc.

P.O. BOX 140 - ELKHORN, WI 53121

Phone (262) 723-5669

Fax (262) 723-7803

personnel@genevalabs.com

Name: _____ Today's Date: _____
Last First Middle Intl.

Address: _____ Phone Number: _____
_____ Social Security #: _____

Position Applying For: _____ **Expected Rate Of Pay:** _____

Are you seeking: Full-time ___ Part-time ___ Temporary ___ employment Available Start Date: _____

Have you ever applied for employment with us before? . . . Yes ___ No ___ If yes when? _____

If hired, can you furnish proof of eligibility to work in the U.S.? . . . Yes ___ No ___

Are you over 18 years of age? Yes ___ No ___ If no, employment is subject to verification of age (work permit)

Have you ever been convicted of an illegal drug related crime? Yes ___ No ___ If yes, explain:

List Name And Location Of Schools

High School: _____ Did you graduate? . . . Yes ___ No ___

College or University: _____ Did you graduate? . . . Yes ___ No ___

Vocational or Tech.: _____ Did you graduate? . . . Yes ___ No ___

Subject(s) studied: _____

Degree(s) earned: _____
(Proof of degree(s) will be required upon hire)

Employment History

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer first.

Name of Employer		Job Title and Duties:
Address		
City, State, Zip Code		
Supervisor		Telephone
Name of Employer		Job Title and Duties:
Address		
City, State, Zip Code		
Supervisor		Telephone

Name of Employer		Job Title and Duties:
Address		
City, State, Zip Code		
Supervisor		Telephone
Name of Employer		Job Title and Duties:
Address		
City, State, Zip Code		
Supervisor		Telephone

Have you worked under any other name? . . . Yes ___ No ___ If yes, list name(s): _____

The information provided in this Employment Application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my immediate dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, an criminal history. I authorize any person, school, current and former employer, consumer reporting agency and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so.

Signature: _____

Date: _____