## **Brylee Corp. Management**

## **Employment Application**

**Whistle Stop Campground** 

PO Box 18 Lodi, WI 53555 (608)592-2128

Personal Info	rmation					
Position Applyir	g For					
Name			Dat	e of Application	1 1	
Last	Firs	t	M.I.			
Address						
	Street	City		State	Zip	
Phone <u>( )</u>		Cell Phone <u>(</u>	)			
Email	nailSo			ocial Sec. Number		
_	/ /	Do you have transpor	tation? 🗆 ՝	∕es □ No		
Emergency Co		Relatio	nchin			
			Π3ΠΙΡ			
Address						
Phone <u>(</u> )		Cell Phone (	)			
How did you le	earn about our company?					
Are you availal	ole to work weekends? \	res No				
Are vou availal	ole to work evenings? You	es No				
•	_	<u> </u>				
		ur expected ending date? _		/		
Education	onal position, when is you	ar expected ending date	<u>L</u>			
	Name and Location	Subjec	ts Studied	Graduate?	Current Grade	
High School				☐ Yes ☐ No Year		
College or University				☐ Yes ☐ No Year		
Specialized Training, Trade School, etc						
Other						
Education						
Please list you performance.		ciency, special skills or o	ther items	that may conti	ribute to your	

<u>Training/Certifications</u> (Lifeguard, CPR, First Aid	, etc.)				
Certification:Expires:					
ertification:Expires:					
References – Please list two references who are	not family.				
Name_	Relationshi	p			
Occupation_	Phone (	)	Years Known:		
Name	Relationship				
Occupation	Phone (	)	Years Known:		
Health Questions  Have you had or do you have any physical lim your job: □ Yes □ No (If yes, please described)		nay affec	t your ability to function on		
How would you describe your general health	?				
Have you had any previous serious illnesses? briefly) Have you ever been seriously injured?   Yes	•	)			
Miscellaneous: Please answer the following questions to the best Why have you chosen our company for employment	·	edge in the	e space provided.		
Please give us any additional information that you (Hobbies, interests, extra-curricular activities, hon	•		ed for employment with us.		

## **Previous Employment** – List your last three employers with the most recent first. Company Name Position Dates of Employment / to / Phone ( ) Reason for Leaving\_\_\_\_\_ Supervisor\_\_\_\_\_ Position Company Name Address\_\_\_\_\_ Dates of Employment / to / Reason for Leaving Supervisor\_\_\_\_\_ Company Name\_\_\_\_\_ Position Dates of Employment / to / Address Phone ( ) Reason for Leaving Supervisor\_\_\_\_\_ **Other Comments** Authorization I certify that my answers are true and complete to the best of my knowledge. I authorize Brylee Corp. to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. By signing this form, I also have indicated that I do not have any pending convictions or any criminal charges filed or have been filed against me. In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am subject o a pre-employment drug test and criminal

background check.

Signature of applicant	Date
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