



1040 Breezewood Lane
Neenah, WI 54956
920-725-8241
100 W Fernau Ave.
Oshkosh, WI 54901
920-231-0870

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Referred By: _____ Desired Salary: \$ _____

Position Applied for: _____

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of an offense other than a non-moving traffic violation, or do you have a pending charge? YES NO

May we conduct a personal background check including contact of your references named and review other records as may be required for some positions? * YES NO

Education

High School/GED: _____ Address: _____

Did you graduate? YES NO Subject Studied: _____

College: _____ Address: _____

Did you graduate? YES NO Subject Studied: _____

Other: _____ Address: _____

Did you graduate? YES NO Subject Studied: _____

Special Training/Skills: _____

References

Please list three references.

Full Name: _____ Company: _____

Phone: _____ Address: _____

Full Name: _____ Company: _____

Phone: _____ Address: _____

Full Name: _____ Company: _____

Phone: _____ Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving _____ May we contact your previous supervisor for a reference? YES NO

Military Service

YES No Branch: _____

Disclaimer and Signature

I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Lakeside Packaging Plus is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, disability, or veteran status. If you need assistance or an accommodation during the application process because of a disability, it is available upon request

Signature: _____ Date: _____

Please email this application to dstrange@lakesidepackagingplus.com or mail to one of the addresses at top of first page.