

Name:

DESTIN

SERVICES & CONSULTING, LLC



**Mail: P.O. Box 930014
Verona, WI 53593**

www.destinservicesandconsulting.com

DESTIN Services & Consulting, LLC, fully supports the concepts of Equal Employment Opportunity and will continue to do so. It is our policy to affect all personnel transactions, including, but not limited to recruitment and employment, promotion, demotion, transfer, compensation, and selection for training without discrimination and to ensure equal treatment of employees regardless of sex, race, religion, or color, national origin or ancestry, age, disability, marital status, source of income, arrest record or conviction record.

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department.

Please complete entire application. Please type or print clearly.
Application WILL NOT be processed unless COMPLETELY filled out and SIGNED.

Today's Date:

Personal Information

Last Name:

First:

Middle:

Current Street Address:

City:

State:

Zip:

Permanent Street Address:

City:

State:

Zip:

Home Phone No.:

Cell Phone No.:

Position Information

Work Schedule Availability:

☐ Monday - Friday ☐ Other: _____

☐ 3-4 hours

☐ 5-6 hours

Desired Location:

☐ Westside ☐ Other: _____

☐ Southside

Desired Wage: \$ _____ Hours per week available: _____

Do you have any restrictions on the days of the week or hours you can work? ☐ Yes ☐ No

If yes, explain:

Are you currently working? ☐ Yes ☐ No

Referral

How did you hear about us?

☐ Advertisement (name) _____ ☐ Employee referral (name) _____

☐ School (name) _____ ☐ Other (specify) _____

Personal History

Can you provide verification of your legal right to work in the US? ☐ Yes ☐ No

Have you ever been convicted of any law violation other than minor traffic violations? ☐ Yes ☐ No

If yes, please list date and nature of offense*:

**The conviction will only be considered if substantially related to the circumstances of the position. Attach additional sheets as necessary.*

Have you filed an application with us before? ☐ Yes ☐ No

If yes, please list date(s):

Have you ever been employed by this organization? ☐ Yes ☐ No
If yes, indicate dates and positions held:

Education	School Name	Location (City/State)	Academic Major	Graduated		Degree Earned
				Yes	No	
	High School:					
	Technical/College/University:					
Other relevant training:						

Work Experience	List all employment experience with most recent first.					
	Company:			Title		
	Company Street Address:					
	City:			State:		Zip:
	Telephone No.:					
	Name under which you worked if different from that shown on front page:					
	Dates Employed: From (month/year) _____ To (month/year) _____					
	Current Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, ____ hrs/week		
	Supervisor's Name and Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Description of Duties:					
	Reason for leaving:					
	Company:			Title:		
	Company Street Address:					
	City:			State:		Zip:
	Telephone No.:					
	Name under which you worked if different from that shown on front page:					
	Dates Employed: From (month/year) _____ To (month/year) _____					
	Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, ____ hrs/week		
	Supervisor's Name and Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Description of Duties:					
Reason for leaving:						

Work Experience continued

Company:	Title:		
Company Street Address:			
City:		State:	Zip:
Telephone No.:			
Name under which you worked if different from that shown on front page:			
Dates Employed: From (month/year) _____ To (month/year) _____			
Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, ____ hrs/week	
Supervisor's Name and Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Reason for leaving:			

References

Work Related References (other than immediate Supervisor):		
Name and Occupation	Address	Telephone Number

Please read the paragraphs below very carefully before signing.

I certify that my answers to the questions are true to the best of my knowledge and am aware that misrepresentation or omission of facts called for on this form is cause for rejection of my application or immediate discharge from the organization's service. I voluntarily give DESTIN Services & Consulting, LLC, the right to make a thorough investigation of my past employment, agree to cooperate in such investigation and release from all liability of responsibility all persons, companies or corporations supplying such information.

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months.

It is hereby understood and acknowledged that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If employed, I agree to work the hours, days and shifts as scheduled and consent to take the preplacement examination and such future physical examinations as may be required by DESTIN Services & Consulting, LLC.

Applicant's Signature

Date