



CAINE WAREHOUSING, LTD.

PO Box 275, Reeseville, WI 53579

(920) 927-3881

EMPLOYMENT APPLICATION

APPLICATION INFORMATION			
Last Name:	First:	M.I.	Date:
Street Address:			Apt/Unit #:
City:	State:		ZIP:
Phone:	Email Address:		
Birth Date:	Social Security No.:		
Date Available:	Desired Salary:		
Position Applying For:		Who Referred You?	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, are you authorized to work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for Caine Warehousing? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when? Explain:	
Do you have a physical condition which may limit your ability to perform the job you're applying for? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what can be done to accommodate your limitations?	
Would you be willing to take a physical exam? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Would you be willing to take a drug test? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School Name:		Address:	
From:	To	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College Name:		Address:	
From:	To	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other Education:		Address:	
From:	To	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company:	Phone No.
Address:	
Full Name:	Relationship:
Company:	Phone No.
Address:	
Full Name:	Relationship:
Company:	Phone No.
Address:	

PREVIOUS EMPLOYMENT			
Company:		Phone No.	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone No.	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone No.	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

WORK EXPERIENCE	
Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, issued by:	License No:
License Type(s):	Expiration Date:
Forklift Certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Any accident records for the past 3 years? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, Dates:
If yes, also explain the nature of the accident, fatalities, injuries, etc.:	

Any traffic convictions and/or forfeitures for the past 3 years (other than parking)? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Dates:
If yes, please explain the location, charge/penalty:	
Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Has any license, permit or privilege ever been suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have any additional courses or certifications associated with driving? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please explain/list the courses:	
Which safe driving awards do you hold and whom were they awarded by:	
Please describe your work ethic:	
Please describe your care in working with inventory and products:	
Please describe you ability to communicate and work with others:	
Please list any other relevant or qualifying information:	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I authorize you to make such investigations and inquiries into my personal, employment, financial or medical history and other related matters as they may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date: