Ralph's Hardwood Floor Co., Inc. 404 W. State Street Black Creek, WI 54106

EMPLOYMENT APPLICATION

A clear understanding of your interests, training, experience and other pertinent information will be mutually beneficial. To be assured of full consideration for positions that would meet your qualifications, please answer all questions completely. We will consider your application without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, family medical history or genetic information, or any other legally protected status under applicable local, state, or federal law. To the extent this application requests information that does not comply with applicable local or state requirements, such information will not be used in making a hiring decision. Applicants will be required to take a pre-employment drug test.

PERSONAL HISTORY				
Name: Date:				
Last First M. I.				
Address:				
Street Address Apartment				
City State ZIP Cod	е			
Home Cell E-mail Phone: () Address:				
How did you hear about the position?				
Have you ever worked for this Company YES NO If yes, why did before? D you leave?				
Approx. If yes, under what name, if different Dates:				
Location: Position: Supervisor:				
Position applying for: Part Time Full Time Wage Expected: \$				
Job(s) applying for:				
Are you on a lay-off and subject to recall?				
When would you be available to work? What shifts are you able to work? 1 st 2 nd	3 rd			
Are you available for YES NO YES NO Are you legally authorized to work in overtime?	YES NO			
(The Company will attempt to reasonably accommodate an applicant's religious needs, as required by law)				
Do you have reliable transportation? YES NO Do you have a valid Driver's license? YES Do you have a valid Driver's license?	NO 			
If you are under age 18, please yes provide date of birth: Can you provide work permit?	NO			
In case of emergency, notify: Name: Relationship:				
Address: Phone: ()				
Have you ever been charged with, plead (no contest), been convicted of, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or the fine for that offense?				
If yes, provide details:				

If you are in doubt about the nature of any offense, please list. However, no applicant will be denied consideration because of a pending charge, past conviction, offense, violation, or fine, which is not substantially related to the circumstance of the job sought. Failure to disclose information requested above will be considered falsification and grounds for refusal to hire or termination of employment.

EDU	JCATION					
Highest grade completed (1-12):	chnical School/Colleg	e (years	attended):			
High School Diploma: YES NO Major/Course of Study: YES NO YES NO	YES NO					
GED/HSED: Degree Received:						
Last School Attended: Loc	ation:		Date(s):			
Additional education and/or vocational or technical information:						
Describe your computer skills and abilities:						
EMPLOYMENT HISTORY emplo	e provide full and accu byment. Do not omit any nust complete this section	employe	r. Attach ad	Iditional pages	and part if neces	t-time ssary.
1. Company Name:		Teleph	one:			
Address:	Employed (Month & Year):	From:		To:		
Name of Supervisor:	Pay Rate:	Start:	\$	Last:	\$	
Job Title and type of work:	Reason for Leavi	ing:		Eligible for re-hire:	YES	NO
2. Company Name:		Teleph	one:			
Address:	Employed (Month & Year):	From:		To:		
Name of Supervisor:	Pay Rate:	Start:	\$	Last:	\$	
Job Title and type of work:	Reason for Leavi	ing:		Eligible for re-hire:	YES	NO
3. Company Name:		Teleph	one:			
Address:	Employed (Month & Year):	From:		To:		
Name of Supervisor:	Pay Rate:	Start:	\$	Last:	\$	
Job Title and type of work:	Reason for Leavin	ıg:		Eligible for re-hire:	YES	NO
We will contact the employers listed for a referral unless you indicate those you specifically do not want us to contact.						
Do not contact:	Do not contact:					
Reason:	Reason:					

List any relatives currently employed at the Company (We comply with all prohibitions on marital status discrimination as required under applicable state law.)					
	mployee Nai			ocation	Relationship
			N OFFINIOF	: /:f amplicable)	
Length of Service:		Rank held in Ser		(if applicable)	
			vice.		
Do you have any o	ongoing milita	ary obligations?			
Present Status:	☐ None	Discharged	Retired	☐ National Guard	Reserves
Date of D	ischarge:				
Indicate any special training or assignment that you want us to consider:					
Our Company's	s policy will d	comply with the Uni	formed Services	s Employment and Reem	ployment Rights Act (USERRA)
	List three	(3) Employment or	Personal Refe	rences – DO NOT LIST	RELATIVES
Name:			Address or E-r	mail:	
Phone:	Phone: Company: Position:				
Name:			Address or E-r	mail:	
Phone:	Con	ıpany:		Position:	
			–		
Name:			Address or E-r	maii:	
Phone:	Com	ıpany:		Position:	
		-			
Name:			Address or E-r	mail:	
Phone:	Com	ıpany:		Position:	

CERTIFICATION

I certify that the information that I have provided to the Company as part of this application along with any resume or other material submitted by me for employment consideration is true, complete, and without omissions or misleading statements. I understand that my employment may be terminated because of false, misleading, or omitted information, regardless of the time that may have elapsed between furnishing the information and the discovery by the Company.

I authorize the Company to inquire into my education, professional and past employment history with references as needed to determine my qualifications and suitability for employment. I hereby give my consent to any former employer or educational institution to provide academic or employment related information about me to the Company. This includes any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing this information.

I understand that I may be required to pass a pre-employment drug test and that my Social Security number must be validated. I further acknowledge that certain positions with the Company may also require a confirmation that I am licensed to drive a motor vehicle, and that my credit, civil and criminal records may be checked including a verification of my address. I consent freely and voluntarily to participate in the required drug test and background checks, and consent to the release of the results to the Company. I hereby release and hold harmless the Company from any liability whatsoever arising from the drug test and/or background checks and decisions concerning employment based upon the results of these tests and checks.

I understand that nothing in this employment application, the granting of an interview, or possible subsequent employment offer is intended to create an employment contract between the Company and myself. If hired, I will be an "Employee at Will" which means the Company may release me at any time for any reason with or without cause, and I am likewise free to leave at any time for any reason. I understand that no representative of the Company other than the President or Chief Executive Officer has any authority to enter into any agreement for employment that contradicts or modifies the foregoing in any manner, and any such agreement must be in writing and signed by the President or Chief Executive Officer.

If hired, I agree to conform to rules, regulations, and policies that the Company may periodically issue, withdraw, or modify. If hired, I understand that I will be required to keep my hair color within the range of "natural" colors (no blue, green, or other non-natural hair colors are allowed) and that facial piercings are not appropriate. I also understand that in order to comply with Company policy any visible tattoos will need to be covered appropriately during the workday, if hired. I agree to follow the Company grooming guidelines and to be dressed appropriately per the standards of the Company at all times in the workplace, if I am hired.

A photocopy, digital, and/or electronic copy of this signed authorization is as effective and binding as the original.

Signed:				Date:		
	(First)	(M.I.)	(Last)			