



# Seasonal Application

We are an equal Opportunity Employer

6663 N 40<sup>th</sup> Street, Milwaukee, WI 53209 Fax (414) 358-9090 Email: jobs@winterservicesinc.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical or handicap, or any other legally protected status.

How did you hear of us? Online Ad \_\_\_\_\_ Newspaper \_\_\_\_\_ Employee \_\_\_\_\_ Other (explain) \_\_\_\_\_

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name		
Address	Apt	City	State	Zip
Phone #(s)	Home	Cell	Social Security Number 	
Email Address:				

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  Yes  No

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

Have you ever been employed with us before?  Yes  No

On what date would you be available for work? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you currently employed?  Yes  No

Do you have a regular job/school?  Yes  No Start time \_\_\_\_\_ Quit Time \_\_\_\_\_

Are you available for work:  Full Time  Part Time  Temporary

What Hours are you Available?  Weekdays  Week Nights  Weekends

Have you ever been convicted of a felony or misdemeanor?  Yes  No  
(Such conviction may be relevant if job related but, does not bar you from employment)

If Yes, please explain \_\_\_\_\_

**References:** Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Prior Employment:**

Company	Dates Employed: From	To
Address	Work Performed:	
Phone Number(s)	Hourly Rate:	Start End
Job Title	Supervisor:	
Reason For Leaving		

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Address	Work Performed:	
Phone Number(s)	Hourly Rate:	Start End
Job Title	Supervisor:	
Reason For Leaving		

CERTIFICATION AND RELEASE. I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or it's agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever to issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Emergency Information**

In case of an Emergency, please contact

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Answer the following 3 questions only if you have worked for Winter Services, Inc before:**

How many seasons have you worked for Winter Services Inc? \_\_\_\_\_

What Job Sites have you worked for Winter Services Inc? \_\_\_\_\_

What type of equipment are you familiar with? \_\_\_\_\_