



1361 Glory Road  
Green Bay, WI 54304  
Phone: 920 632 7929  
Fax: 920 632 7929

Print Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_



# EMPLOYMENT APPLICATION

Energis High Voltage Resources, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

## PERSONAL

Last Name	First	Middle Initial	Social Security #
Other Name(s) Used			Home Telephone # (     )
Address			Cell # (     )
Street	City	State	Zip
			Business or Message # (     )
Position Applied For		Referred By	Salary Desired
Have you ever interviewed with the Company or its affiliates before? (circle one)		Yes      No	If yes, list date(s), job title(s) & location(s)
Have you ever been employed by the Company or its affiliates before? (circle one)		Yes      No	If yes, list date(s), job title(s) & location(s)
Do you have any relatives employed by the Company or its affiliates? (circle one)		Yes      No	If yes, list names
Are you at least 18 years old? (circle one)		Yes      No	If under 18, do you have a work permit?
What days and hours are you available to work?			

## EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade, Business	1	2	3	4
Graduate Studies				

School	Address	Major Studies	Degree, Diploma, License, or Certificate
High School			
College/University			
Vocational, Business, Other			
List any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

Do you type?	Yes	No	If Yes, Words per Minute:
Computer Skills (Hardware/Software)			

## EMPLOYMENT HISTORY

List employment starting with the most recent position. All information **MUST** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason For Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
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Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason For Leaving	
Duties & Responsibilities			

**PERSONAL REFERENCES (Not relatives)**

Name	Occupation	Address	Telephone Number
			(   )
			(   )
			(   )

## GENERAL

Yes      No      If hired, will you be able to work overtime?

Yes      No      Do you think you will be able to handle the physical aspects of this job? If no, please explain:

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## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DRUG-FREE WORKPLACE POLICY

**The following policy is required by the Drug-Free Workplace Act and complies with applicable law concerning drug use in the workplace.**

- 1) Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthful and safe work environment.
  
- 2) The unlawful manufacture, distribution, possession or use of a controlled substance on the Company's premises or while conducting the Company's business off its premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.
  
- 3) Employees must report any conviction under a criminal drug statute for violations occurring on or off the Company's premises while conducting Company business. A report of a conviction must be made within seven (7) days after the conviction.
  
- 4) The Company recognizes drug dependency as an illness and a major health problem. The Company also recognizes drug abuse as a potential health, safety, and security problem. Conscientious efforts to seek such help will not jeopardize any employee's job and will not be noted in any personnel record.

**I have read, understand and agree to the Company's Drug-Free Workplace Policy.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

# EMPLOYEE EMERGENCY NOTIFICATION FORM

**In the event of an emergency, I the undersigned employee, authorize Energis High Voltage Resources, Inc. (the Company) to notify the following person:**

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

**In the event you are unable to notify such person, (the Company) is authorized to notify:**

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

**I understand and agree that (the Company) will have no obligation or liability to notify such persons.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Employee Name