

Great Lakes Fence Company

Personal Data Sheet

Personal: If Employed, This Becomes a Part of Your Permanent Record.

Name _____
Last (Please Print) First Middle Nick Name

Present Address _____
No. and Street City State Zip Telephone

Social Security No. _____ If Not a Citizen of U.S. Indicate Type of Visa _____

Position Applying For _____ Date available to work _____ Are you willing to work on weekends? Yes No

If required, can you work over 8 hours a day? Yes, No Do you know how to read blue prints? Yes No

Have You Ever Been Refused or Do You Have Any Reason to Believe You Might Be Refused an Application for a Fidelity Bond? Yes No
 (If Yes, Explain) _____

Have You Ever Been Convicted of a Felony or Misdemeanor? Yes No If Yes, specify charge(s), location(s), date(s) and penalty _____

Spouse's Employer and Position _____

Employment Record

Specifics	Last or Present Position	Next Previous Position	Next Previous Position
Employer			
Address			
Nature of Duties	Did you supervise others?	Did you supervise others?	Did you supervise others?
Immediate Supervisor and telephone #			
Date Employed Month / Year	From to Full Time _____ Part Time _____	From to Full Time _____ Part Time _____	From to Full Time _____ Part Time _____
Earnings per week or Base Salary			
Reason for Leaving			
IF SHOP: Tools/Machines used? IF OFFICE: Office Machines and bookkeeping skills applied?	Typing Speed _____ wpm	Typing Speed _____ wpm	Typing Speed _____ wpm

May We Contact Employer Yes No Yes No Yes No

Education: Scholastic Record to Date (Estimate If Not Known)

School	Name of School, City, State	Circle Last Year Completed	Grade Point Average	Last Year Attended	Did you Graduate?
High School		9 10 11 12			Yes ___ No ___
Jr. College		1 2			Yes ___ No ___
College		1 2 3 4			Yes ___ No ___
Trade School		1 2			Yes ___ No ___

Extracurricular Activities in School:

Personal References: (Do Not Include Former Employers, or Relatives)

Name	Mailing Address	Title or Occupation	Years Known

Do you have a valid Drivers License: Yes _____ No _____ If yes, Drivers License Number: _____

What transportation will you use to get to work?

If the position you are applying for requires heavy lifting, would this create a problem? No Yes If yes, please explain:

Emergency Data:

Person to Contact in Case of an Emergency

Name _____ Telephone #: () _____

Address _____ Relationship: _____

City and State _____

Do you have any health problems or physical disabilities which would affect your employment: No Yes If yes, please explain:

For consideration of employment by, Great Lakes Fence Co., Inc. I authorize the references and past employers to give you any and all information concerning my previous employment and other information. I also agree to a physical examination prior to employment and at any time during employment and authorize the physician or hospital to release the exam results to Great Lakes Fence, Inc. Overtime and my scheduled work hours are mandatory and are a condition to my continuing employment. All representations by me in this data sheet are to the best of my knowledge and belief true and correct, and I have not knowingly omitted any related information of an adverse nature. Inaccurate information may make me ineligible for employment or, will be cause for dismissal. Nothing in any firm document or writing creates a contract for specific term of employment. No management person is authorized to offer or create a contract of employment for a specific term. Employment is at-will.

Date _____ Signature _____