



# Employment Application

## APPLICATION INFORMATION - PLEASE READ CAREFULLY

- Applicants are required to complete a separate application for each position for which they apply.
- Please print or type all information requested on this application form.

Application for position of:		
Last Name:	First Name:	Middle Initial:
Present Address:		
Mailing Address (If different):		
Phone Number:	Email:	

Are you a U.S. Citizen or a legal resident authorized to be gainfully employed in the U.S.? Yes    No

If no, do you have an entry permit which allows you to work? Yes    No

Have you ever used another name? Please list \_\_\_\_\_ Yes    No

Are you at least 18 years of age? Yes    No

## CONVICTIONS (FOR OTHER THAN MINOR TRAFFIC VIOLATIONS)

Since your 17th birthday, have you ever been convicted of a felony, misdemeanor, or been convicted of offenses by a military court-martial? (if yes, please complete **Section A** below) Yes    No

As a juvenile, have you ever been waived into adult court and convicted of any felony or misdemeanor? (If yes, complete **Section A**) Yes    No

In the past five years, have you been convicted of or, are you now subject to a pending charge for (or paid a fine for) any of the following Violations: Yes    No

Disorderly conduct, damage to property, trespassing, retail theft, any offense involving alcohol, marijuana or controlled substance, drug paraphernalia, criminal traffic offenses or obstructing a peace officer? (If yes, complete **Section A**).

**SECTION A:** Please list all convictions and all pending charges, including relevant dates. You may also attach additional pages if necessary.

Date: (MM/YYYY):	Court Location:	Conviction or Pending Charge	Disposition:

In accordance with federal, state and local law, pending criminal charges or any convictions will not be considered unless they are substantially related to circumstances of the particular job. Convictions and pending charges not reported will be cause for disqualification of this application. You will not be eligible to apply for employment with Strang, Inc. for a period of one year.

Strang, Inc. routinely verifies conviction, driving and other information listed on this application.

**PROFESSIONAL REFERENCES:**

Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:

**CONFIDENTIALITY**

Candidates may request confidentiality of their names and application information.

I request confidentiality of my name as a candidate for this position.

I do not request confidentiality of my name as a candidate for this position.

Failure to indicate your preference will subject your name for release in accordance with the above statement.

**APPLICATION CERTIFICATION STATEMENT:** (Please sign and date the following statement) I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment with Strang, Inc.

Applicant's Signature:	Date:
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# Application Data Sheet

THIS FORM WILL ONLY BE USED BY THE HUMAN RESOURCES DEPARTMENT AND WILL NOT BE FORWARDED TO THE HIRING MANAGER.

Last Name:	First Name:	Middle Initial:
Application for position of:		Date of Birth (MM/DD/YYYY):
If you should be selected as a finalist in our hiring selection process, Strang, Inc. will require your date of birth. This information is intended for the sole purpose of a background investigation of each candidate.		

Strang, Inc. has adopted an Affirmative Action Plan in compliance with the City of Madison policies and ordinances. The disclosure of the following information is voluntary and allows Strang, Inc., to meet reporting requirements and evaluate the effectiveness of the recruitment process. This information will be removed from the application and the data will be kept confidential and will not be used in making employment decisions. Refusal to provide this information will not be used in making employment decisions. Refusal to provide this information will not subject you to any adverse treatment.

(Please check the appropriate categories)

White: not Hispanic/Latino origin. (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Asian: not Hispanic/Latino origin. (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American: not Hispanic/Latino origin. (A person having origins in any of the Black racial groups of Africa.)

American Indian or Alaskan Native: not Hispanic/Latino origin. (A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.)

Native Hawaiian or Other Pacific Islander: not Hispanic/Latino origin. (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Other: (specify) \_\_\_\_\_

GENDER:            Male      Female

DISABILITY: Do you have a disability?            Yes      No

Strang, Inc., considers a person with a disability to be one who meets the definition under either the Americans with Disabilities Act or the Wisconsin Fair Employment Act. You may contact the Human Resources Director at 608.276.9200 if you need additional information.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please contact the Human Resources Director at 608.276.9200

I need accommodation in the application process:	Yes	No
If you should be selected as a finalist in our hiring selection process, Strang, Inc. will require your date of birth. This information is intended for the sole purpose of a background investigation of each candidate.		
If yes, accommodation requested: _____		
You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.		

HOW DID YOU LEARN OF THIS VACANCY? \_\_\_\_\_