



WAGNER SHELL STORE APPLICATION

Po Box 28, Antigo, WI 54409

Phone: (715) 623-5386

TODAYS DATE: _____

PERSONAL INFORMATION

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE: _____ SOCIAL SECURITY # _____

Are You Over 18 Years Old? YES NO Are You Legally Able to Work in the U.S.? YES NO

Have You Worked at Wagner Shell Before? YES (where _____) NO

EMAIL: _____ How Were You Referred? _____

EMERGENCY CONTACT: _____
NAME RELATIONSHIP PHONE

AVAILABILITY

POSITION APPLYING FOR: _____ STATION APPLYING FOR: _____

TYPE OF EMPLOYMENT DESIRED: FULL-TIME PART-TIME

Are You Willing to Work Part-Time if Full-Time is Not Available? YES NO

Do You Have Reliable Transportation to Get to Work? YES NO

Please Indicate the Times You are Available for Work Each Day:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

Date Available to Start Work: _____

Is There Any Reason You Would Be Unable to Meet the Below Qualification Standards? YES NO

Qualification Standards for All Positions Include, but Are Not Limited to: Standing up for 5 Hours at a Time, Carrying Supplies up to 50lbs, Able to Reach, Lift, Bend, and Wipe

If Yes, Please Explain: _____

EDUCATION

Circle Last Grade Completed in School: 8 or less 9 10 11 12 GED College: 1 2 3 4

Are You Currently Attending School? YES NO

EMPLOYMENT HISTORY

EMPLOYER: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
START DATE: _____ END DATE: _____ MAY WE CONTACT THEM? YES NO
STARTING PAY: _____ ENDING PAY: _____ WORK/TASKS PERFORMED
REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
START DATE: _____ END DATE: _____ MAY WE CONTACT THEM? YES NO
STARTING PAY: _____ ENDING PAY: _____ WORK/TASKS PERFORMED
REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
START DATE: _____ END DATE: _____ MAY WE CONTACT THEM? YES NO
STARTING PAY: _____ ENDING PAY: _____ WORK/TASKS PERFORMED
REASON FOR LEAVING: _____

List Any Skills, Honors, or Experiences that Provide Additional Info Concerning Your Qualifications for Employment:

REFERENCES

LIST THE NAMES OF 3 PEOPLE OTHER THAN RELATIVES AND FORMER OR PRESENT EMPLOYERS WHOM WE CAN CONTACT AS A PERSONAL REFERENCE

<u>NAME</u>	<u>OCCUPATION</u>	<u>ADDRESS, CITY, STATE</u>	<u>PHONE</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

THE INFORMATION I HAVE PROVIDED ON THIS EMPLOYMENT APPLICATION FORM IS TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT IF I AM EMPLOYED HERE, ANY MISSTATEMENTS OR OMISSIONS COULD RESULT IN MY DISMISSAL.

SIGNATURE: _____ DATE: _____