



Nielsen's Arc Service

APPLICATION FOR EMPLOYMENT Equal Opportunity Employer

Minimum Acceptable Salary \$ _____

Date _____ Who referred you? _____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Address _____ Home Phone _____ Business Phone _____
(Street)

(City) (State) (Zip)

Please indicate other names that appear on your previous work records _____

Have you ever worked at Nielsen Arc Srvs. _____ When? _____ Where? _____
List any relatives who work at Nielsen Arc Srvs _____

Machine Skills _____

Languages _____, Typing _____ WPM, Shorthand _____ WPM

Other special skills or experience pertinent to this application (please use page 4 if necessary): _____

Hobbies and Interests: _____

EDUCATIONAL BACKGROUND

NAME OF SCHOOL	ADDRESS	Graduated	Course or Major
HIGH SCHOOL:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
POST GRADUATE:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR WORK HISTORY

(List, in order, last or present employer first)

NAME AND ADDRESS OF EMPLOYER	DATES		RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
	FROM	TO	START	FINISH		

State position title, then describe in detail work you performed:

NAME AND ADDRESS OF EMPLOYER	DATES		RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
	FROM	TO	START	FINISH		

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NAME AND ADDRESS OF EMPLOYER	DATES		RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
	FROM	TO	START	FINISH		

State position title, then describe in detail work you performed:

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact: _____

U.S. Military Service: _____ Active Duty Dates: _____ Branch of Service: _____ Duties Performed: _____

Special Licenses and Permits: _____

Have you ever been convicted for other than minor traffic violations? _____ When? _____ Where? _____ Disposition: _____

If yes, explain: _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

NAME	ADDRESS/PHONE	BUSINESS/PHONE	YEARS KNOWN
1.			
2.			
3.			

CERTIFICATE OF APPLICANT (Read carefully before signing.) I certify that the answers provided are true and complete. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be cause for subsequent dismissal. I authorize any former employer, person, or organization listed herein to answer any and all questions relative to my application for work and agree to hold such persons harmless who provide such information; in addition, I waive, release, and agree to hold harmless Wheeler Machinery Co., its employees or representatives of and from any claim, liability or cause of action, relating in any way to such information. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will by either myself or the company. I understand the company may require as a condition of employment that I pass a drug/alcohol test either before or at any time after I am hired. I agree, if hired, to comply with all company rules as a condition of employment. I agree in the event the company advances me money or other things of value or I otherwise become indebted financially to the company, to repay the company and that, consistent with applicable laws, any wages due me may be offset by payroll deduction for any such monies due the company. I understand that if hired, I will be required to furnish proof that either I am a U.S. Citizen or am lawfully authorized to work in the United States.

Date _____ Signature _____

ADDITIONAL INFORMATION
