

We are an Equal Opportunity Employer

You must complete entire application and sign where indicated.

Date:

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)	Mobile Telephone () -
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Email Address:	Home Telephone () -
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Are there other names under which you have worked or attended school? Yes No
If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No If Yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)

Do you have any pending criminal charges against you? Yes No
If Yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:
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Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference

When can you start?

How were you referred to the company? Agency Website Friend/Relative
 Social Media School Other

1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.
2. If relevant, please describe experience using manufacturing machines and equipment.

Education

School	Name & Location (city, state)	Number of Years Attended	Major subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer:		Telephone () -	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer:		Telephone () -	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Name of Employer:		Telephone () -	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name:	Telephone () -
Email Address:	
Address:	
Relationship:	How long known?
Name:	Telephone () -
Email Address:	
Address:	
Relationship:	How long known?
Name:	Telephone () -
Email Address:	
Address:	
Relationship:	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by _____ Date _____

Thank you for your interest in Schumacher Company LC.

FOR BACKGROUND CHECK PURPOSES ONLY
Please legibly print and complete the following information

 Legal Last Name

 Legal First Name

 Full Middle Name

 Previous Legal Name(s)/ Maiden Name

 Date(s) of Change

Date of Birth (mm-dd-yyyy) _____

Social Security Number _____

Driver's License Number & State of Issuance _____

Contact Phone Number _____

List your addresses (**CURRENT ADDRESS FIRST**) for the past **SEVEN (7)** years. Attach additional sheet of paper if necessary.

Street Address	City and County	State	Zip Code	Years At This Address

If applicable, may your current supervisor, and/or any references or individuals associated with your current employer (including Human Resource Dept.) be contacted?

YES _____ NO _____ Not Currently Employed _____

 Signature

 Date

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and RIGHT TO OBTAIN MORE INFORMATION REGARDING INVESTIGATIVE CONSUMER REPORTS and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Schumacher Company LC** (“the Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by MRA-The Management Association, N19 W24400 Riverwood Drive, Waukesha, Wisconsin 53188; (262) 523-9090; <https://www.mranet.org> (“the Agency”), another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

<p><u>State of Washington applicants and employees only:</u> You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.</p>
<p><u>Massachusetts and New Jersey applicants and employees only:</u> You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</p>
<p><u>New York applicants and employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><u>Minnesota applicants and employees only:</u> You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>Oklahoma applicants and employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>California applicants and employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Signature: _____

Date: _____

Print Name: _____

EEO-1 Voluntary Self Identification Survey

Our company is an Equal Employment Employer and as such, we are required to collect and maintain information related to employees in order to meet governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to do so will not result in any adverse treatment. The information you provide will be held in strict confidence and will be maintained in a confidential file.** When reported to the government for recordkeeping purposes, data will not identify any specific individual.

PART I. General Information

Name: _____

Position: _____ Date: _____

PART II. Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
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Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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Race CHECK ONE: (do not respond if you selected Hispanic or Latino above)	<input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Asian (Not Hispanic or Latino): 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 <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment <input type="checkbox"/> Black or African American Not Hispanic or Latino: a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information
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