

Application for Employment



NORTHERN MANAGEMENT LLC

333 Bishop's Way, #160
Brookfield, WI 53005

(262) 860-8700

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____
 Name _____ Social Security # _____
Last First Middle
 Address _____
Street City State Zip Code
 Telephone # (____) _____ Mobile/Beeper/Other # (____) _____ E-mail Address _____
 Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No
 If **no**, please explain _____
 Have you ever been employed here before? If **yes**, give dates and positions _____ Yes No
 Are you legally eligible for employment in this country? Yes No
 Date available for work ____/____/____ What is your desired salary range? \$ _____
 Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op
 Driver's license number if driving may be required in position for which you are applying _____ State _____
 Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
 Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
 If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # (____) _____	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Commission/Bonus/Other Compensation		\$ _____
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		
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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ E-mail _____ Years: _____
 Spreadsheet _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

**Northern Management LLC – 333 Bishops Way #160 – Brookfield, WI 53005
CREDIT REPORT DISCLOSURE & CONSENT**

FOR EMPLOYMENT			

NOTIFICATION TO THE APPLICANT/EMPLOYEE THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED BY THE LESSOR/EMPLOYER/AGENT OF THE COMPANY

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act of 1996) and all applicable state law, this notice is to inform you that a consumer credit report may be obtained in connection with your application for employment or residency. By submitting this electronic consent form, I acknowledge I have read and understand this notice.

Name of Applicant/Employee		Social Security Number	
Signature		Date	

AUTHORIZATION FOR THE COMPANY TO OBTAIN A CONSUMER CREDIT REPORT

My electronic submission of this form represents my voluntary authorization for Northern Management LLC, including its agents and representatives, to obtain a consumer credit report on me. I also acknowledge and certify that Northern Management has provided me with prior written notification that a consumer credit report may be obtained on me, and that I have been given a copy of the written notification as well as a copy of this authorization. By submitting this electronic consent form, I grant permission to Northern Management LLC to obtain my consumer credit report.

Name of Applicant/Employee		Social Security Number	
Signature		Date	

DATE OF BIRTH (REQUIRED)