## APPLICATION FOR EMPLOYMENT

BEAVER DAM COLD STORAGE LLC

PO BOX 275

BEAVER DAM, WI. 53916

An equal opportunity employer. BDCS is a drug free work zone, pre-employment drug testing is required on all new hires.



Applicant: Read, complete all sections, and sign before submitting this application.

- * *	-							
HOW'D YOU HEAR ABOUT US?				WHO REFERED	YOU?			
POSITION APPLYING FOR: DESIR			DESIRED SALAI	RY:	SH	IFT DESIRED: 1 2	<u>3</u>	
ARE YOU LOOKING FOR: PART TIME, FULL T	IME, OR TEMPORARY W	/ORK?						
ODAY'S DATE: LAST NAME:				FIRST NAME: M.I.:				
PHONE #:	-	EMAIL AD	DRESS:					
BIRTH DATE:		SOCIAL SE	CURITY #:					
STREET ADDRESS:					APT./ UNIT#	‡		
CITY:			STATE	Ē:	ZIP:			
(LIST PRIOF	R RESIDENCES FROM	LAST 3 YEAR	S BELOW IN	ORDER OF RECE	NCY - IF AN	<i>Y</i> )		
STREET ADDRESS:			CITY/	CITY/STATE/ZIP:				
STREET ADDRESS:			CITY/	CITY/STATE/ZIP:				
STREET ADDRESS:			CITY/	CITY/STATE/ZIP:				
EMERGENCY CONTACT NAME/PHONE #:								
HAVE YOU WORKED FOR BDCS OR GG BARI	NETT TRUCKING BEFORE	e? IF SO, WHEN	1?:					
YOUR NAME AT THE TIME WHEN PAST EMP	PLOYED WITH THE COM	PANY:						
POSITON HELD:	TON HELD: PAY:			REASON FOR LEAVING:				
NAME ANY RELATIVES EMPLOYED BY THIS (	COMPANY:							
ARE YOU A UNITED STATES CITIZEN? (YES OR NO): IF NOT, ARE YOU AUTHORIZED TO WORK IN THE US? (YES OR NO):								
DESCRIBE ANY POSITIONS, JOBS, OR DUTIES	S, FOR WHICH YOU SHO	ULD NOT BE CO	ONSIDERED D	UE TO A PHYSICAL, I	MENTAL, OR N	MEDICAL DISABILITY:		
ARE YOU WILLING TO TAKE A DRUG TEST PI	RIOR TO EMPLOYMENT	(YES OR NO):						
		EDUCA	TION					
HIGH SCHOOL NAME:		C	CITY/ STATE:					
FROM:	TO: DID Y		OID YOU GRAD	U GRADUATE? (YES OR NO):				
1			CITY/ STATE:	TATE:				
FROM:			OID YOU GRAD	U GRADUATE? (YES OR NO):				
•			DEGREE:	EE:				
			CITY/ STATE:	TATE:				
FROM:	TO:	С	OID YOU GRAD	J GRADUATE? (YES OR NO):				
MAJOR/ MINOR:		[	DEGREE:	ŒE:				
		REFERE	ENCES					
FULL NAME:			RELA <sup>-</sup>	RELATIONSHIP:				
COMPANY:			PHON	PHONE #				
FULL NAME:			RELAT	RELATIONSHIP:				
COMPANY:			PHON	PHONE #				
FULL NAME:			RELA	RELATIONSHIP:				
COMPANY:				PHONE #				
	PF	REVIOUS EM	IPLOYMEN'	Г				
LAST EMPLOYER								
JOB TITLE: FROM			ROM:	то:				
COMPANY: PHON			PHONE #	#				
ADDRESS: CITY/			CITY/ STATE/ 2	TATE/ ZIP:				
SUPERVISOR: STARTI			STARTING SAL	G SALARY: ENDING SALARY:				
REASON FOR LEAVING:								

SECOND LAST EMPLOYER					
JOB TITLE:	FROM:	то:			
COMPANY:	PHONE #	PHONE #			
ADDRESS:	CITY/ STATE/ ZIP:				
SUPERVISOR:	STARTING SALARY:	ENDING SALARY:			
REASON FOR LEAVING:					
THIRD LAST EMPLOYER					
JOB TITLE:	FROM:	то:			
COMPANY:	PHONE #				
ADDRESS:	CITY/ STATE/ ZIP:				
SUPERVISOR:	STARTING SALARY:	ENDING SALARY:			
REASON FOR LEAVING:					
FILL SECTION BELOW IF YOU FEEL YOU HAVE WO	ORK EXPERIENCE THAT WOULD TRANSLATE WELL T	O BDCS IF NOT ALREADY LISTED ABOVE			
JOB TITLE:	FROM:	то:			
COMPANY:	PHONE #	PHONE #			
ADDRESS:	CITY/ STATE/ ZIP:	CITY/ STATE/ ZIP:			
SUPERVISOR:	STARTING SALARY:	ENDING SALARY:			
REASON FOR LEAVING:					
	SKILLS				
ARE YOU FORKLIFT CERTIFIED? (YES OR NO):					
DO YOU HAVE EXPERIENCE WITH DRIVE-IN RACKING WITI	H A FORKLIFT? (YES OR NO) DO Y	OU HAVE A CDL? (YES OR NO):			
DESCRIBE YOUR DEPENDABILITY WHEN IT COMES TO ATT	ENDANCE & PUNCTUALITY:				
	2.05, 11.02 & 1.01.01.01.12.11.				
DESCRIBE YOUR ABILITY TO COMMUNICATE AND WORK V	WITH OTHERS & EXPERIENCE DOING SO:				
DESCRIBE YOUR WORK ETHIC & A REASON BDCS SHOULD	ADD YOU TO OUR TEAM:				
DESCRIBE A PROBLEM YOU HELPED SOLVE AT A PREVIOU:	S EMPLOYER:				
LIST ANY TRAINING OR EXPERIENCE WITH CLERICAL WOR	K OR OFFICE EQUIPMENT:				
UST ANY TRANSPORT OF EVERTICATION WITH A ANY TRANSPORT	WORK				
LIST ANY TRAINING OR EXPERIENCE WITH MAINTENANCE	WORK:				
LIST YOUR 3 BIGGEST STRENGTHS AS A WORKER:					
LIST ANY OTHER RELEVANT TECHNICAL SKILLS OR QUALIF	YING INFORMATION:				
DISCLAIMER & SIGNATURE					

IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

DATE:

I CERTIFY THAT MY ANSWERS IN THIS APPLICATION ARE TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: