



The Fish Factory

9218 W. Oklahoma Ave.
West Allis, WI 53227

www.thefishfactoryonline.com

414-546-2201

Employment Application

Name _____

Work Phone No. _____ Home Phone No. _____

Current Address: Street _____ City/Town _____

State _____ Zip _____ Phone No. (_____) _____

Previous Addresses (For the past 7-10 years, begin with the most recent previous address.)

Former Address #1: From ___/___ to ___/___ Street _____

City/Town _____ State _____ Zip _____

Former Address #2: From ___/___ to ___/___ Street _____

City/Town _____ State _____ Zip _____

Former Address #3: From ___/___ to ___/___ Street _____

City/Town _____ State _____ Zip _____

Driver's License No. _____ State _____ Expiration Date _____

Formal Education

Type of School	School Name and Location	Highest Grade Completed	Years Attended (From-To)	Type of Study/Major	Did You Graduate? Yes/No (If Yes, Degree)	Grade Point Average (If appropriate)
Grade/Elementary School						
High School						
GED						
College						
Graduate School						

Special Training

Courses/Workshops/Certifications	Courses Offered By	Completion Date (Month/Year)

Special Skills

Type of Skills	Details/Explain
Computer Software Skills You Have:	
Office Equipment You Can Operate:	
Licenses You Have: Type of license _____ License no. _____ Date of issue _____ Expiration Date _____	
Other Skills You Have:	
• _____	
• _____	
• _____	

Military Service

Branch _____ Specialization: _____

Dates: From _____ to _____ Highest Rank: _____

Personal References (List people who can vouch for your work; not relatives or previous employers.)

Name/Position/Company	Address (Street, City, State, Zip)	Phone No. (Area Code)	How Long Known

Employment History (Begin with current employer, and then list the one before that, etc.)

Current Employer:		Phone No. ()	
Address (Street, City, State and ZIP)	Dates Employed: From _____ to _____	Name of Supervisor:	
Your Title:		Reason for Leaving:	
Nature of Work/Duties/Responsibilities:		Salary/Wages: Begin \$ _____ Per _____ End \$ _____ Per _____ Bonus	

Employer Before Current One:		Phone No. ()	
Address (Street, City, State and ZIP)	Dates Employed: From _____ to _____	Name of Supervisor:	
Your Title:		Reason for Leaving:	
Nature of Work/Duties/Responsibilities:		Salary/Wages: Begin \$ _____ Per _____ End \$ _____ Per _____ Bonus	

Previous Employer:		Phone No. ()	
Address (Street, City, State and ZIP)	Dates Employed: From _____ to _____	Name of Supervisor:	
Your Title:		Reason for Leaving:	
Nature of Work/Duties/Responsibilities:		Salary/Wages: Begin \$ _____ Per _____ End \$ _____ Per _____ Bonus	

Employment History (continued)

Previous Employer:		Phone No. ()	
Address (Street, City, State and ZIP)		Dates Employed: From _____ to _____	Name of Supervisor:
Your Title:		Reason for Leaving:	
Nature of Work/Duties/Responsibilities:		Salary/Wages: Begin \$ _____ Per _____ End \$ _____ Per _____ Bonus	

Impairments (Certified or self-considered)

Do you have any impairment (physical or mental) that might limit or interfere with your successfully and safely performing the essential duties of the job for which you are applying?

If so, explain _____

If you claim any impairment, explain any reasonable accommodation you would expect the employer to make for you or which you need in order to perform the job efficiently and safely.

Relevant Special Interests/Organizations

List special interests, activities and organizations to which you currently belong or have belonged. (Do not include any information that will indicate or imply your race, color, religion, gender, sexual preference, political affiliation, national origin, ancestry, or ethnicity.)

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) my result in discharge.

Signature of Applicant: _____ Date: _____