

# PRO LABEL, LLC

## EMPLOYMENT APPLICATION

2915 N. Progress Dr.  
Appleton, WI 54911  
www.pro-label.com

AN EQUAL OPPORTUNITY EMPLOYER

**PLEASE PRINT. ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE APPLICATIONS MAY BE REJECTED.**

NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_ BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_  
Street Apt. #

City State Zip EMAIL: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_  Full-time  Part-time

Available start date: \_\_\_\_\_ REFERRAL SOURCE:  Newspaper  Agency  Facebook  
Desired Wage: \_\_\_\_\_  LinkedIn  Indeed  
 Employee Referral: \_\_\_\_\_  
 Other: \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY PRO-LABEL LLC COMPANY?  Yes  No  
If yes, provide dates of employment and name of supervisor: \_\_\_\_\_

DO YOU HAVE RELATIVES CURRENTLY EMPLOYED BY PRO-LABEL LLC COMPANY?  Yes  No  
If yes, provide name and position: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?  Yes  No  
NOTE: If hired, you will be required to submit proof of U.S. Citizenship or of lawful alien status which permits you to work in the United States.

ARE YOU UNDER AGE 18? If yes, what is your birth date? \_\_\_\_\_  Yes  No

IN THE LAST 7 YEARS HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?  
 Yes  No IF YES, EXPLAIN FULLY: \_\_\_\_\_

### EDUCATION

HIGH SCHOOL (Name and Location): \_\_\_\_\_ DID YOU GRADUATE?  
 Yes  No  Attending  
If no, have you passed a high school equivalency or GED exam?  Yes  No

BUSINESS OR TECHNICAL COLLEGE: \_\_\_\_\_ MAJOR FIELD: \_\_\_\_\_  
 Yes  No  Attending

COLLEGE OR UNIVERSITY: \_\_\_\_\_ MAJOR FIELD: \_\_\_\_\_  
 Yes  No  Attending

List any additional education or training relevant to the position you seek: \_\_\_\_\_

List any educational honors or pertinent professional affiliations and activities relevant to the position you seek: \_\_\_\_\_

## EMPLOYMENT HISTORY

*Additional sheet or a brief resume may be attached. However, you must complete all of the information below. Incomplete applications may be rejected. State current and previous employment experience. Include relevant U.S. Military service and volunteer work. List present or last place of employment first.*

**MOST CURRENT COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **FINAL SALARY:** \_\_\_\_\_

**RESPONSIBILITIES:** \_\_\_\_\_

**REASON FOR LEAVING/CONSIDERING CHANGE:** \_\_\_\_\_

**IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT THIS EMPLOYER?**

**PHONE:** (\_\_\_\_) \_\_\_\_\_

**FULL-TIME**  **PART-TIME**

**FROM:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**To:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**SUPERVISOR NAME:** \_\_\_\_\_

**WERE YOU INVOLUNTARILY DISCHARGED?**  Yes  No

Yes  No

**2<sup>ND</sup> COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **FINAL SALARY:** \_\_\_\_\_

**RESPONSIBILITIES:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_

**FULL-TIME**  **PART-TIME**

**FROM:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**To:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**SUPERVISOR NAME:** \_\_\_\_\_

**WERE YOU INVOLUNTARILY DISCHARGED?**  Yes  No

**3<sup>RD</sup> COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **FINAL SALARY:** \_\_\_\_\_

**RESPONSIBILITIES:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_

**FULL-TIME**  **PART-TIME**

**FROM:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**To:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**SUPERVISOR NAME:** \_\_\_\_\_

**WERE YOU INVOLUNTARILY DISCHARGED?**  Yes  No

**4<sup>TH</sup> COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **FINAL SALARY:** \_\_\_\_\_

**RESPONSIBILITIES:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_

**FULL-TIME**  **PART-TIME**

**FROM:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**To:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**SUPERVISOR NAME:** \_\_\_\_\_

**WERE YOU INVOLUNTARILY DISCHARGED?**  Yes  No

I certify that the foregoing information is correct and complete, and PRO-LABEL LLC may terminate my employment for falsification of statements, answers or material omissions made by me in this employment application. I authorize The PRO-LABEL LLC to investigate these statements, references, previous employers and school records and authorize the release of such information without liability. I understand that any job offer would be contingent upon successful completion of a pre-employment drug test and a 90 day introductory period. I further understand that employment and compensation can be terminated with or without cause at any time at the option of PRO-LABEL LLC or myself.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Thank you for your interest in PRO-LABEL LLC as a prospective employer.  
An Equal Opportunity Employer*