La Sure's Application for Employment
Please fill out form completely for employment consideration. Print and fax or mail when completed.

Position Applying for		Full	Part Time	
Prospective employees wil color, sex, age, national o Personal Information	rigin or handicap. We		-	creed,
Last Name	First	Middle	Date	
Street Address			Home Phone ( )	
City, State, Zip			I	
Business Phone ( ) -			Email Addre	SS:
What was your previous addres	s?		How long at praddress?	esent
			YeYe	ears nths
Are you over 18 years of age? If not, employment is subject to		legal age.		
Have you ever applied for empl Yes No If Yes: Month and Year			Social Security	<sup>,</sup> No. -
How did you learn of our organ	zation?		l	
Are you legally eligible for empl	oyment in the United Sta	ites?	When will you be ab	e to work?
Are you employed now?		If so, may we inquire of	your present employer?	
Have you been convicted of offenses, which has not be Yes, describe in full.				-

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?  Yes No If Yes, please explain.							
Drivers License# State		te	Any Violations?				
Edu	ıcatio	on					
Sc	hool	Name and location of school	Course study		No. of years completed	Did you graduate?	Degree or diploma
Со	llege					Yes No	
Н	igh					Yes No	
	ade hool					Yes No	
Ot	ther					Yes No	
Mili	itary					1	1
	Complete this section if you served in the U.S. Armed Forces  Branch of Service						
Desc	ribe yo	ur duties and any special training		Period of Active Duty (Month & Year)			
				Fro		То	
				Rank at Discharge Date of Final Discharge			
				Dat	e of Final Disc	narge	
<b>Employment History</b> Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.							
	Compa	ny NameT			elephone (	)	-
	Addres	S			Employed (S	tart Month ar	ıd Year)
1.					From	Т	0
	Name o	of Supervisor			Hourly Rate Start	Li	ast
Start Job Title and Describe Your WorkR				eason for L	eaving		
					,		

Company NameT

	Address			Employed (Start Mo	onth and Year)
2.				From	То
	Name of Superv	visor		Hourly Rate	
				Start	Last
	Start Job Title a	and Describe Your WorkR		eason for Leaving	
	Company Name	eT		elephone	
				( )	-
	Address			Employed (Start Mo	onth and Year)
3.				From	То
٥.	Name of Superv	visor		Hourly Rate	
				Start	Last
	Start Job Title a	and Describe Your WorkR		eason for Leaving	
	Company Name	eT		elephone	
	Address			( )	-
	Address			Employed (Start Mo	onth and Year)
4.				From	То
٠.	Name of Superv	visor		Hourly Rate	
				Start	Last
	Start Job Title a	and Describe Your WorkR		eason for Leaving	
We may contact the employers listed above				Do not contact	t
unless you indicate those you do not want us to Emplo		Employer Numb	Number(s)		
		Reason			
	<b>erences:</b> Giv et one year.	ve below the names of three perso	ons not related	to you, whom yo	u have known at
	Name	Address		Business	Years
4		,,,,,,,			Acquainted
1.					
2.					
3.					
]					

elephone

	or Employment is true, correct and complete. If fact on this application may result in my dismissal.
' ' ' '	mployment does not create a contractual obligation
, , , , , , , , , , , , , , , , , , , ,	sumer reporting agency to report on my credit and
	ny request, the name and address of the agency so I nce of the information contained in the report.
 Date	Signature

## Please complete and return this form to:

La Sures Hall - Banquets & Catering Location - 3125 S Washburn Mailing -1570 Ripon Lane Oshkosh WI 54902 Phone 920-651-0796

La Sures Cafe & Bakery 1570 Ripon Lane Oshkosh WI 54902 Phone 920-231-5227

E-mail - info@lasures.com