

Zero Zone, Inc. is an Equal Opportunity Employer

Applicant Information

Date:

First Name:

M.I.:

Last Name:

Preferred Name (if different from above):

Address:

Phone:

City:

Email Address:

State:

Zip Code:

Yes No Are there other names under which you have worked or attended school?

If yes, please list for reference checking purposes:

Yes No Are you legally authorized to work in the U.S.? (If hired, you will be required to provide proof of work authorization.)

Yes No Are you at least 18 years old? (If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)

Have you ever applied to this company before? Yes No If yes, when?

Have you ever worked for this company before? Yes No If yes, when?

Location Applying For: Wisconsin Minnesota Iowa

Other:

Position Applying For:

Date Available:

Preferred Hours: Full-Time Part-Time No Preference

Shift Preference:
(If Available)

Salary/Wage Desired:
(Optional)

How Were You Referred to Zero Zone?

Do you have a relative that works at Zero Zone? Yes No

If yes, please list their name(s):

HR-07-F | 12/18/23



WISCONSIN
North Prairie • Waukesha • Mukwonago

MINNESOTA
Ramsey

IOWA
Dyersville



CALL US
800 247 4496



VISIT US
zero-zone.com

Special Skills

Office:
(software knowledge, office equipment, etc.)

Manufacturing:
(machines, equipment, tools, etc.)

Other Skills:

| | |
|--|--|
| | |
| | |
| | |

Education

| Type of School | Name & Location of School | # of Years Completed | Major Subjects | Graduated? | Diploma or Degree Received |
|-----------------|---------------------------|----------------------|----------------|---|----------------------------|
| High School | | | | <input type="radio"/> Yes <input type="radio"/> No | |
| College | | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Graduate School | | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Other | | | | <input type="radio"/> Yes <input type="radio"/> No | |

Training Courses

| Course/Seminar | Organization Sponsoring | Content | Date(s) Attended |
|----------------|-------------------------|---------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Required License(s) (Complete only if required to drive a motor vehicle for the job applying for.)

Driver's License Number: State of Issue: Exp. Date:

List any group, association, society, or certifications relating to the job applying for:

Registration or License #: State of Issue: Exp. Date:

Employment History

(Beginning with Most Recent)

| | | | |
|---------------------|----------------------------|--------------------------|--|
| Name of Employer: | | Job Title: | |
| Address: | | Description of Duties: | |
| City: | | | |
| State: | | Zip Code: | |
| Phone: | | | |
| Name of Supervisor: | | Reason for Leaving: | |
| Employment Dates: | From: <input type="text"/> | To: <input type="text"/> | |
| | | May We Contact? | <input type="radio"/> Yes <input type="radio"/> No |

| | | | |
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| | | May We Contact? | <input type="radio"/> Yes <input type="radio"/> No |

References

| | | | | | |
|----------|-----------|--|-----------------|--|--|
| Name: | | | Phone: | | |
| Address: | | | Email Address: | | |
| City: | | | Relationship: | | |
| State: | Zip Code: | | How Long Known: | | |
| | | | | | |
| Name: | | | Phone: | | |
| Address: | | | Email Address: | | |
| City: | | | Relationship: | | |
| State: | Zip Code: | | How Long Known: | | |
| | | | | | |
| Name: | | | Phone: | | |
| Address: | | | Email Address: | | |
| City: | | | Relationship: | | |
| State: | Zip Code: | | How Long Known: | | |

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or may be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purposes of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and/or drug screening may be required. (Note: if this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice at any time, at my option or the company's unless specifically provided otherwise in written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Agreement:

- By checking this box, I agree to the above terms and attest that all of the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature

Date

THANK YOU FOR YOUR INTEREST IN ZERO ZONE, INC.