



6411 MINERAL POINT ROAD T/ 608 276 9200
 MADISON, WI 53705-4395 F/ 608 276 9204

Employment Application

APPLICATION INFORMATION – PLEASE READ CAREFULLY.

- Applicants are required to complete a separate application for each position to which they apply.
- Please print or type all information requested on the application form.

APPLICATION FOR POSITION OF:			
LAST NAME (PRINT CLEARLY)		FIRST NAME	MIDDLE INITIAL
PRESENT ADDRESS (NUMBER, STREET)		CITY	STATE/ZIP
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		CITY	STATE/ZIP
HOME PHONE	CELL PHONE	BUSINESS PHONE	EMAIL ADDRESS

Are you a U.S. Citizen or a legal resident authorized to be gainfully employed in the U.S.? Yes No

If no, do you have an entry permit which allows you to work? Yes No

Have you ever used another name? Please list _____ Yes No

Are you at least 18 years of age? Yes No

CONVICTIONS (for other than minor traffic violations) (Provide your birth date on page 2 of this application form. Your birth date will be used for criminal background check only).

Since your 17th birthday, have you ever been convicted of a felony, misdemeanor, or been convicted by military court-martial offenses? (If yes, please complete **Section A** below) Yes No

As a juvenile, have you ever been waived into adult court and convicted of any felony, misdemeanor? (If yes, complete **Section A**) Yes No



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In the past five years, have you been convicted of or, are you now subject to a pending charge for Yes No
 (or paid a fine for) any of the following Violations:

Disorderly Conduct, Damage to Property, Trespass, Retail Theft, any offense involving alcohol,
 marijuana or Controlled Substance, Drug Paraphernalia, Criminal Traffic Offenses or Obstructing
 a Peace Officer? (If yes, complete **Section A**).

SECTION A: Please list all convictions and all pending charges, including relevant dates. You may also attach
 additional pages if necessary.

NAME	DATE (MM/YR)	COURT LOCATION	CONVICTION OR PENDING CHARGE	DISPOSITION

In accordance with federal, state and local law, pending criminal charges or any convictions will not be considered unless they
 are substantially related to circumstances of the particular job. Convictions and pending charges not reported will be cause for
 disqualification or this application. You will not be eligible to apply for employment with Strang, Inc. for a period of one year.

Strang, Inc. routinely verifies conviction, driving and other information listed on this application.

PROFESSIONAL REFERENCES

NAME	ADDRESS	PHONE NO.
NAME	ADDRESS	PHONE NO.
NAME	ADDRESS	PHONE NO.

CONFIDENTIALITY

- Candidates may request confidentiality of their names and application information.
- I request confidentiality of my name as a candidate for this position.
- I do not request confidentiality of my name as a candidate for this position.

*Failure to indicate your preference will subject your name for release in accordance with the above statement.

APPLICATION CERTIFICATION STATEMENT: (Please sign and date the following statement)

I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment with Strang, Inc.

APPLICANT'S SIGNATURE	DATE
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APPLICANT DATA SHEET

This form will only be used by the Human Resources Department and will not be forwarded to the hiring authority.

Last Name (print clearly)	First Name	Middle Initial	Date
Application for position of: _____			
Date of Birth ____/____/____			
If you should be selected as a finalist in the hiring selection process, Strang, Inc., will require your date of birth. This information is intended for the sole purpose of a background investigation for each candidate.			

Strang, Inc. has adopted an Affirmative Action Plan in compliance with the city of Madison, policies and ordinances. The disclosure of the following information is voluntary and allows Strang, Inc., to meet reporting requirements and evaluate the effectiveness of the recruitment process. This information will be removed from the application and the data will be kept confidential and will not be used in making employment decisions. Refusal to provide this information will not subject you to any adverse treatment.

(Please check the appropriate category)

RACIAL, AND/OR ETHNIC HERITAGE

- White**, not Hispanic/Latino origin. (A person having origins in any of the original peoples of Europe, the Middle East or North America)
- Black or African American**, not Hispanic/Latino origin. (A person having origins in any of the Black racial groups on Africa).
- Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rico, South or Central American, or other Spanish culture or origin, regardless of race).
- American Indian or Alaskan Native**, not Hispanic/Latino origin. (A person having origins in any of the original peoples of North or South America, including Central America, and who maintain tribal affiliation or community attachment).
- Asian**, not Hispanic/Latino origin. (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Viet Nam).
- Native Hawaiian or Other Pacific Islander**, not Hispanic/Latino origin. (A person having origins in any of the original peoples of Hawaii, Guana, Samoa, or other Pacific Islands).
- Two or more races**, not Hispanic/Latino origin. (All persons identifying with more than one of the above races).
- Other** (specify) _____

GENDER: Male Female

DISABILITY: Do you have a disability? Yes No

Strang, Inc., considers a person with a disability who meets the definition under either the American with Disabilities Act or the Wisconsin Fair Employment Act. You may contact the Human Resources Director at 608-276-9200 if you need additional information.

If you need reasonable accommodation (s) during the application process due to disability related functional limitations, please contact the Human Resources Director for Strang, Inc. at 608-276-9200.

I need accommodation in the application process: Yes No

If yes, accommodation requested: _____

** You will be required to provide written verification for a doctor or other authorized person confirming your disability and indicating reasonable accommodation.

HOW DID YOU LEARN OF THIS VACANCY? _____