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 Elkhorn, WI 53121  
 Phone: (262) 723-2662  
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**42**  
 YEARS OF  
 EXCELLENCE  
 1976-2018

**Your Comfort is Our Top Priority!**

**APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE)  
 AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap/disability or any other legally protected status.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Last First Middle  
 Present Address: \_\_\_\_\_  
 Street City State Zip  
 Permanent Address: \_\_\_\_\_  
 Street City State Zip  
 Are you 18 years or older? Yes No Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Valid Driver's License \_\_\_\_\_ State \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
 Ever applied to or worked for Komfort before? Yes No When?  
 Are you legally eligible to work in the U.S.A. Yes No

**EDUCATION**

School Level	Name/Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, Correspondence				

***FORMER EMPLOYERS: (List last three employers, starting with present or last one.)***

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**Employer:**

Address of Employer:

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Starting Date (Mo./Yr.)

Leaving Date (Mo./Yr.):

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Weekly Starting Salary:

Weekly Final Salary:

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Job Title:

May we contact Supervisor?

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Name & Title of Supervisor:

Phone Number:

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Description of Work:

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Reason for Leaving:

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**Employer:**

Address of Employer:

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Starting Date (Mo./Yr.)

Leaving Date (Mo./Yr.):

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Weekly Starting Salary:

Weekly Final Salary:

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Job Title:

May we contact Supervisor?

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Name & Title of Supervisor:

Phone Number:

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Description of Work:

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Reason for Leaving:

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**Employer:**

Address of Employer:

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Starting Date (Mo./Yr.)

Leaving Date (Mo./Yr.):

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Weekly Starting Salary:

Weekly Final Salary:

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Job Title:

May we contact Supervisor?

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Name & Title of Supervisor:

Phone Number:

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Description of Work:

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Reason for Leaving:

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**SPECIAL QUESTION**

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This information is required for a bona fide occupational qualification, or dictated by National Security Laws, or is needed for other legally permissible reasons.

Have you been convicted of a felony or misdemeanor within the last 5 years?\*      Yes      No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* You will not be denied employment solely because of a conviction record unless the circumstances of the offense are substantially related to the job for which you have applied.

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The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

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I understand and agree that I may be required to take a physical and/or psychological examination as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by Komfort and to release Komfort, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

Yes      No

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**REFERENCES:** Give below the names of three persons not related to you whom you have known at least one year that we may contact for job-related references.

Name	Address	Business	Years Acquainted

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**GENERAL**

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Subjects of Special Study or Research Work:

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Special Training:

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Special Skills:

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**SERVICE RECORD**

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U.S. Armed Forces Service

Discharge Date

Present Membership in National Guard or Reserves

Date Obligation Ends

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**AUTHORIZATION**

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsification, misrepresentation or omission statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and shall release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.≡

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