BROIHAHN MANAGEMENT & CONSULTING, LLC

1502 W. Broadway, Suite #302
Madison, WI 53713
Phone: (608) 222-1981

Date:_____

TO THE APPLICANT:

We appreciate your interest in our company. The information requested in this form will give us a clear understanding of your qualifications, background and work history, and will aid us in placing you in a position for which you are thereby best suited.

The Civil rights act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age discrimination in Employment Act of 1967, as amended, prohibits discrimination because of age. The American with Disability Act prohibits discrimination against those with disabilities. Various state laws prohibit some of the above as well as other types of discrimination. As an Equal Opportunity Employer, our company intends to comply fully with all applicable federal, state laws and local laws.

Full Name				Social Security Number
First	Middle		Last	
Present Address				Telephone Area Code ( )
Street	City	State	Zip	
Previous Address				From: To:
Street	City	State	Zip	Mo. Yr. Mo. Yr.
Notify in Emergency				Telephone Area Code ( )
Name	Address/City	State	Zip	

Are you OVER 18 years of age? ☐ Yes ☐ No
What Days and Hours are you available? _____
Have you been convicted of a crime(s) within the last 7 years? ☐ Yes ☐ No
If yes. explain fully _____
(a conviction(s) will not be a complete bar to employment but will be considered if substantially related to the position desired).
Can you produce the documents necessary to verify that you are a citizen of the U.S.: or an alien authorized for employment in the U.S.? ☐ Yes ☐ No
(i.e. U.S. Passport Social Security Card Drivers License with photo, etc.) It is the company's policy to hire only authorized workers.

Position Desired	Wage or Salary Expected $ Per
Other Positions for which you are qualified	Date Available

What interested you in this company?

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with the Company?

Have you ever applied for work at this Company?	Have you ever been employed by this Company?
☐ Yes ☐ No If yes, when _____	☐ Yes ☐ No If yes, when _____

Highest Grade Completed in Each

Grade School High School College Graduate School Technical Other

School	Name	Location	Course/Degree	Major	Minor	Rank/GPAA
Grade School						
High School						
College 1						
College 2						
Graduate						
Technical						
Other						

Extracurricular Activities/Hobbies

This application will be valid for 60 days.

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Start with Present of Most Recent First

Name of Company				Type Of Business
Address	Street	City	State	Zip
Employment Dates (Month and Year) From: To:	Supervisor's Name	Title	Phone Number ( )	
Position Title	Brief Description of Job			
Starting Salary Per $________year $________month $________hour	Present or Final Salary Per $________year $________month $________hour	Date of Last Increase	Amount $____________________	Bonus, Incentives, etc.: Amount: $_______year _____
		Reason for Leaving		May we contact this employer? ☐Yes ☐No

Name of Company				Type Of Business
Address	Street	City	State	Zip
Employment Dates (Month and Year) From: To:	Supervisor's Name	Title	Phone Number ( )	
Position Title	Brief Description of Job			
Starting Salary Per $________year $________month $________hour	Present or Final Salary Per $________year $________month $________hour	Date of Last Increase	Amount $____________________	Bonus, Incentives, etc.: Amount: $_______year _____
		Reason for Leaving		May we contact this employer? ☐Yes ☐No

Name of Company				Type Of Business
Address	Street	City	State	Zip
Employment Dates (Month and Year) From: To:	Supervisor's Name	Title	Phone Number ( )	
Position Title	Brief Description of Job			
Starting Salary Per $________year $________month $________hour	Present or Final Salary Per $________year $________month $________hour	Date of Last Increase	Amount $____________________	Bonus, Incentives, etc.: Amount: $_______year _____
		Reason for Leaving		May we contact this employer? ☐Yes ☐No

Personal References (Not Former Employers or Relatives)

Name	Occupation	Address	Telephone Number
			( )
			( )
			( )
			( )

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading facts or omissions of information will be grounds for dismissal of employment or rejection of the application. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand that, if hired, my employment is to "at will" and that either I or my employer may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by written agreement signed by both me and the President of the Company.

Date:____________________ Signature:____