



# Chieftain® Wild Rice Company

1210 Basswood Ave. • P.O. Box 550

Spooner, WI 54801

Phone 800-262-6368 • Fax (715) 635-6415

## Application for Employment

[www.chieftainwildrice.com](http://www.chieftainwildrice.com)

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applying For:	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Employee _____ <input type="checkbox"/> Other	

Name	
Address	
City • State • Zip	
Telephone Number(s)	Best Time of Day to Reach You:

If you are under 18 years of age, can you provide required proof of your eligibility to work?    N/A    YES    NO

Have you ever filed an application with us before?    YES    NO    If yes, give date \_\_\_\_\_

Have you ever been employed with us before?    YES    NO    If yes, give date \_\_\_\_\_

Are you currently employed?    YES    NO

May we contact your present employer?    N/A    YES    NO

If applying for a Warehouse Position, is there anything that would prevent you from lifting 50 pounds on a regular basis?    N/A    YES    NO    If yes, please explain \_\_\_\_\_

Are you prevented from lawfully becoming employed because of Visa or Immigration Status?    YES    NO

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:    \_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time

Have you been convicted of a felony within the last 7 years?    YES    NO

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain

\_\_\_\_\_

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## Additional Information

### Specialized Skills (Check Skills/Equipment Operated)

		Production/Mobile Machinery (list):	Other (list):
___ Ten Key Calculator	___ Fax Machine	_____	_____
___ Photocopier	___ Computer	_____	_____
___ Spreadsheet Programs (list)	_____	_____	_____
___ Word Processing Programs (list)	_____	_____	_____
___ Typing Speed (words per minute)	_____	_____	_____

**Other Qualifications** Please describe any specialized training, apprenticeship and skills. Summarize any special job-related skills and qualifications acquired from employment or other experience. List any professional, trade or business experience

---



---



---



---



---



---



---



---

# Employment Experience

Start with your present or most recent job. Include any job-related military service assignments. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed <u>From</u> <u>To</u>	<u>Work Performed</u>
Address			
Telephone Number(s)		Hourly Rate/Salary <u>Starting</u> <u>Final</u>	
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed <u>From</u> <u>To</u>	<u>Work Performed</u>
Address			
Telephone Number(s)		Hourly Rate/Salary <u>Starting</u> <u>Final</u>	
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed <u>From</u> <u>To</u>	<u>Work Performed</u>
Address			
Telephone Number(s)		Hourly Rate/Salary <u>Starting</u> <u>Final</u>	
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed <u>From</u> <u>To</u>	<u>Work Performed</u>
Address			
Telephone Number(s)		Hourly Rate/Salary <u>Starting</u> <u>Final</u>	
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed <u>From</u> <u>To</u>	<u>Work Performed</u>
Address			
Telephone Number(s)		Hourly Rate/Salary <u>Starting</u> <u>Final</u>	
Job Title	Supervisor		
Reason for Leaving			

# Professional References

Name	Telephone Number
Address	
Occupation	Title
Name	Telephone Number
Address	
Occupation	Title
Name	Telephone Number
Address	
Occupation	Title

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive or this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

Signature of Applicant

---

Date