



APPLICATION FOR EMPLOYMENT **Date:** _____

RAVIN CROSSBOWS 3535 Tower Avenue, Superior, WI 54880

Last Name:		First Name:		Middle Name:		Cellular Phone Number:	
Street Address:		City/State:		Zip Code:		Emergency Contact Phone Number:	
E-Mail Address:				How did you find out about this position:			
Have you ever worked for RAVIN CROSSBOWS before: Yes No (circle one)				If yes, where: Dates of employment: Manager/Supervisor Name:			
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time: Part Time:			
Date you can begin work:		Are you 18 years of age or older:		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Name of high school attended:		City & State:		Graduate:	GED:		
Name of college or technical school:		City & State:		Graduate:	Degree:	Major:	
Are you presently enrolled in school:		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, membership in any professional organizations, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule:				
- Provide Three References (Not Relatives) Who We May Contact -							
Name and Occupation:		How do you know them, and for how long:				Phone Number:	



Previous Employment

Please tell us about where you worked beginning with your most recent employer.

May we contact current and/or previous employers before you are offered a position (circle one): Yes No If not, why:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State:	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State:	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
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Address:	Dates of Employment: From: To:
City, State:	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	

As an applicant, I understand that any misrepresentation by me on this application will be sufficient cause for cancellation of any consideration for employment and /or separation from employment. I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability, RAVIN CROSSBOWS and its representative's for seeking such information and all other persons, corporations, and organizations for furnishing such information.

RAVIN CROSSBOWS is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, ancestry, age, national origin, marital status or sexual orientation, gender, disability, social or economic status, or veteran status.

This application will remain on file for six (6) months. At the conclusion of six (6) months, if I have not been contacted by RAVIN CROSSBOWS it will be necessary for me to complete a new application. If employed, I understand that my employment is "at-will" and can be terminated at any time by RAVIN CROSSBOWS or myself at any time with or without cause and without prior notice. I understand that no representative of RAVIN CROSSBOWS has the authority to make any assurance to the contrary.

My signature below indicates my understanding and agreement to the above provisions.

Signature of Applicant Date