



PO BOX 1004, Germantown, WI 53022

EMPLOYMENT APPLICATION

LAWS ENACTED BY THE FEDERAL GOVERNMENT AND BY MANY STATES PROHIBIT JOB DISCRIMINATION BASED UPON RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY OR MARITAL STATUS, UNLESS BASED UPON A BONFIDE OCCUPATIONAL REQUIREMENT OR OTHER EXCEPTION.

Today's Date _____ / _____ / _____ Social Security Number _____ - _____ - _____

Name: _____ Sex: Male _____ Female _____
Last First Middle

Address: _____
City State Zip Code

Telephone No.: (____) - _____ - _____ Work No.: (____) - _____ - _____

Applying for position of: _____

Which Shift (s) are you willing to work 1st _____ 2nd _____ 3rd _____ Any _____

Were you ever employed by Gehl's Guernsey Farms Inc or Gehl Foods? Yes No	If Yes, When?
Have you ever been convicted Of a Law Violation? Yes No	If Yes, Describe (Exclude minor traffic violations)
Do you have any Medical Limitations? Yes No	If Yes, Please Describe
Have you had any Major Illness or Surgery? Yes No	If Yes, Please Describe
Have any received Compensation for Injuries? Yes No	If Yes, Please Describe
Do you possess a valid WI Drivers License? Yes No	If No, Please Describe Why

EDUCATION Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12			College: 1 2 3 4
Names of Schools attended. Include technical, Military, professional, college or university.	Location	Dates (Mo / Yr) From To	Degree or Diploma

Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", where?	What hours?	Course of study:
--	-------------	------------------

EMPLOYMENT RECORD

List your present or most recent employer FIRST and include U. S. Armed Forces experience and major volunteer experience. Account for all time during at least the past ten years, including periods of unemployment. (You may exclude names or organizations which may reveal your race, color, religion, national origin or ancestry.) Describe senior project, M.A., M.S., or Ph.D. thesis if appropriate.

Dates (Mo. / Yr.)	Total No. Yrs. / Mos.	Firm Name, Address and Telephone Number	
From:		Type of Business	Duties Performed:
To:		Position Title	
Salary	No. Hrs. Per Week	Your Immediate Supervisor	
Start:		Reason for Leaving	
End:		May we contact your current employer	

Dates (Mo. / Yr.)	Total No. Yrs. / Mos.	Firm Name, Address and Telephone Number	
From:		Type of Business	Duties Performed:
To:		Position Title	
Salary	No. Hrs. Per Week	Your Immediate Supervisor	
Start:		Reason for Leaving	
End:		May we contact your current employer	

Dates (Mo. / Yr.)	Total No. Yrs. / Mos.	Firm Name, Address and Telephone Number	
From:		Type of Business	Duties Performed:
To:		Position Title	
Salary	No. Hrs. Per Week	Your Immediate Supervisor	
Start:		Reason for Leaving	
End:		May we contact your current employer	

APPLICANT'S STATEMENT

I hereby certify that all information given by me to the questions and statements in this application are true and correct to the best of my knowledge. It is also understood that, if employed, false statements on this application shall be sufficient cause for discharge.

Signature of Applicant

Signature of Personnel Interviewer