

APPLICATION FOR EMPLOYMENT

Patz® Corporation

1-920-897-2251

P.O. Box 7 • Pound, WI 54161-0007

This application, once submitted, will remain current for a period of 90 days from date of submission. If you wish to be considered for employment after the expiration of that 90 day period, it will be necessary for you to submit a new application or to contact the Patz Corporation Human Resources Department.

Patz Corporation is an Affirmative Action/Equal Employment Opportunity Employer/Vets/Disabled.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Phone () -
	City, State, Zip				Business Phone () -
	Position Desired				Social Security No.
	Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when				Pay Expected
	Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when				
	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, date of birth: _____				
	Are you either: (1) a U.S. citizen or, if not (2) do you currently have lawful employment authorization that permits you to work for the Company without the Company having to take any action, either upon employment, or at any date in the future, to ensure or assist you in maintaining lawful employment authorization to work for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to begin work? _____
	If your answer was "Yes," answer the following question: Are you a student on a temporary visa? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Proof of authorization to work will be required if you are employed by Patz Corporation.				
	Other special training or skills (languages, machine operation, etc.)				
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				
	Are you currently on lay-off and subject to call back? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	(1) Have you ever been convicted of, plead nolo contendere (no contest) to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____				
(If you are in doubt about the nature of any offense, please list; this question is designed to require disclosure of all past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no application will be denied a position because of past conviction, offense, violation or fine, which is not substantially related to the circumstances of the employment sought.) (2) Are you currently subject to a pending criminal charge for any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____					

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	
	Describe your duties and any special training	Branch of service
		Rank at discharge

EMPLOYMENT HISTORY

Please give accurate, complete **full-time** and **part-time** employment record. Start with present or most recent employer.

1	Company Name	Telephone () –
	Address	Employed (State Month and Year) From To
	City, State, Zip	Hourly Pay Start Last
	Name of Supervisor	
	State title and describe your work	Reason for leaving

2	Company Name	Telephone () –
	Address	Employed (State Month and Year) From To
	City, State, Zip	Hourly Pay Start Last
	Name of Supervisor	
	State title and describe your work	Reason for leaving

3	Company Name	Telephone () –
	Address	Employed (State Month and Year) From To
	City, State, Zip	Hourly Pay Start Last
	Name of Supervisor	
	State title and describe your work	Reason for leaving

4	If you have worked for other employers within the past seven years, please attach an additional page to include the above information.
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<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p style="text-align: center;">DO NOT CONTACT</p> <p>Employer Numbers (s) _____ Reason _____</p>
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Agreement

I certify 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.
 I understand that this application is not and is not intended to be a contract of employment.
 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 can be assigned to another shift and that I am required to abide by all rules and regulations of the Corporation.

 Signature of Applicant _____ Date

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

For Personnel Department Use Only

Date of Hire _____ Job Title _____ Hourly Rate/ Salary _____ Full-Time _____ Part-Time _____ Temp. _____
 Dept. _____ Shift _____ By _____
Name and Title _____ Date _____

PERSONAL REFERENCES

In addition to your employment references, we would like to be able to contact at least 3 personal references.

Please avoid using immediate family members. Using a friend as a personal reference is okay.

Name:	Relationship:
Address:	Best Time to Contact:
City, State:	(Between 6:30 a.m.-4:30 p.m.)
Home Phone No.:	
Work Phone No.:	Is it okay to contact this person at work?

Name:	Relationship:
Address:	Best Time to Contact:
City, State:	(Between 6:30 a.m.-4:30 p.m.)
Home Phone No.:	
Work Phone No.:	Is it okay to contact this person at work?

Name:	Relationship:
Address:	Best Time to Contact:
City, State:	(Between 6:30 a.m.-4:30 p.m.)
Home Phone No.:	
Work Phone No.:	Is it okay to contact this person at work?

Release of Information Authorization

I hereby authorize the addressed company/individual to furnish Patz Corporation, Pound, Wisconsin with the information requested, and do hereby release the addressed company or individual, including Patz Corporation, from all liability for any damage whatsoever incurred in furnishing such information.

Signature: _____ Date: _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION - APPLICANTS

Patz Corporation is a government contractor subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite all applicants to voluntarily self-identify their gender, race and ethnicity and protected veteran status. Your cooperation is appreciated. Providing this information is **STRICTLY VOLUNTARY**. The information you provide will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

NAME: _____

POSITION APPLIED FOR: _____

CHECK ONE: _____ Male _____ Female

Ethnic Group: (please check one):

- Hispanic or Latino:** This ethnic group includes all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race (if you have selected this category, you have completed this form - please do not select from the below Racial Groups list).
- Non-Hispanic or Latino** (if this category is checked, please select from the Racial Groups listed below).
- I choose not to disclose this information.

Racial Groups: If Non-Hispanic or Latino was selected above, please check one of the below race categories:

- White** (non-Hispanic or Latino): This racial group includes all persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American** (non- Hispanic or Latino): This racial group includes all persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (non-Hispanic or Latino): This racial group includes any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (non-Hispanic or Latino): This racial group includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native** (non-Hispanic or Latino): This racial group includes all persons having origins in any of the original peoples of North or South America (including Central America), and who maintain cultural identification through tribal affiliation or community attachment.
- Two or More Races** (non-Hispanic or Latino): This racial group includes all persons who identify with more than one of the above races.
- I choose not to disclose this information.

Protected Veterans:

“Protected veterans” include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

1. A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
2. A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An “active-duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans above, please indicate by checking the appropriate box below.

- I identify as one or more of the classifications of protected veteran listed above.
- I am not a protected veteran.
- I choose not to disclose this information.

HOW WERE YOU REFERRED TO THIS JOB:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> School/College | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Recruiter |
| <input type="checkbox"/> State Job Service | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Temporary Agency | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Other (please specify) _____ | | |

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
 No, I do not have a disability and have not had one in the past
 I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: