

- Wisconsin
- Kentucky
- Indiana

*Echo Lake Foods, Inc.*  
 Equal Opportunity Employer  
**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
                     Number                    Street                    City                    State                    Zip Code

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_ - XX - XXXX

Cell Phone Number \_\_\_\_\_ email address \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay expected \_\_\_\_\_

Are you available for work:

- Full-Time (please indicate 1 2 3 shift)
- Part-Time (please indicate time available \_\_\_\_\_)
- Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

1. Are you currently employed? YES NO May we contact your present Employer? YES NO
2. Have you ever been employed with us before? YES NO If yes, give date \_\_\_\_\_
3. Are you able to perform the essential functions of the job with or without reasonable accommodation?  
 YES NO If no, state reason. \_\_\_\_\_

**EMPLOYMENT HISTORY**

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

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
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