



When our Customers are Satisfied....

We succeed!

Application For Employment

We are committed to a policy of equal treatment and opportunity in every aspect of our employment relations without regard to race, color, religion, sex, national origin, age, marital status, or physical handicap. This includes, but is not limited to, recruiting, hiring, selection for training, transfers, promotion, compensation, or any company sponsored social and recreational programs.

**313 Hastings Place
P.O. Box 1506
Eau Claire, Wisconsin 54702-1506
Tel: (715) 834-6513, Fax: (715) 834-3723
E-mail: HR@callifd.com**

Prospective Employee Information

Email			Date
Last Name	First	Middle	Primary Phone No. --
Street Address			DMV License No. --
City	State	Zip	Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applying For: (Warehouse/Customer Service/Sales/Etc.)		Have you ever been previously employed by IFD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Do you have any relatives employed by IFD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime? (Misdemeanors, felonies, driving convictions, etc.) This information will not be used in determining employment status unless the conviction(s) is/are substantially related to the position for which you are applying. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			

Education/Training

Name and Location	Course of Study/Degree	Graduated?
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No
Military		
Professional Memberships/Certifications		

How did you hear about us?

Current Employee	Name:
Website	Which One?
Other	Explain:

Employment History (Previous 3 Years)

Name of Company		
Job Title/Duties	Date Started	Date Left
Name of Company		
Job Title/Duties	Date Started	Date Left
Name of Company		
Job Title/Duties	Date Started	Date Left
Name of Company		
Job Title/Duties	Date Started	Date Left

Skills & Abilities

Typing: WPM - _____	10 Key - _____	Data Entry - _____
	Forklift Skills:	
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____	Forklift Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	
CDL <input type="checkbox"/> Yes <input type="checkbox"/> No Class _____	Sit Down Forklift <input type="checkbox"/> Yes <input type="checkbox"/> No _____ years	
Technical Skills:	Standup Reach Truck <input type="checkbox"/> Yes <input type="checkbox"/> No _____ years	
Additional Skills / Qualifications:	Pallet Mover – Walking <input type="checkbox"/> Yes <input type="checkbox"/> No _____ years	
	Pallet Mover – Riding <input type="checkbox"/> Yes <input type="checkbox"/> No _____ years	
	Other _____ years	