



N7295 Feed Mill Lane Algoma, WI 54201
 (ph.) 920-837-2226 (fax) 920-837-2372 **715**
Frontier Road Luxemburg, WI 54217 (ph.)
 920-845-1528 www.riocreekfeedmill.com

Employment Application

Please completely fill out the form and return in person to either
 location or email to ajbarta@riocreekfeedmill.com

General Information				
Name (Last)	(First)	(MI)	Home Phone	
Address	City	State	Zip	Cell Phone
Driver's License Number*				
Email Address				

Position	
Position Desired:	Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Any
<input type="checkbox"/> Holds a Commercial Drivers License	
<input type="checkbox"/> Willing to work overtime if yes, on <input type="checkbox"/> nights <input type="checkbox"/> weekends	
Salary Desired	Available Start Date

Education and Training			
High School:			
Name	Years Attended	Graduate	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:			
Name	Semesters Attendend	Graduate	Major/Subject
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Semesters Attendend	Graduate	Major/Subject
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other training, special skills, or licenses held:			

Employment History (Please list most recent first)	
Employer	From (mo/yr)
Address	To (mo/yr)
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	
Specific Duties included in job:	
Reason for leaving:	
Employer	From (mo/yr)
Address	To (mo/yr)
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	
Specific Duties included in job:	
Reason for leaving:	
Employer	From (mo/yr)
Address	To (mo/yr)
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	
Specific Duties included in job:	
Reason for leaving:	
Any additional references you wish us to contact? (Please list their name & contact information)	

I certify that the information contained in this application is true, correct, and complete. I understand that, if employed, false information reported on this application may be considered sufficient cause for dismissal.

Signature _____

Date _____

*By filling out this application form, the applicant gives RCFM permission to check his or her driving record to ensure it complies with RCFM driver's program and insurance standards.