the bruce company
OF WISCONSIN INC.

P.O. BOX 620330 ~ 2830 PARMENTER STREET ~ MIDDLETON, WI 53562-0330 ~ TELEPHONE: 608-836-7041 FAX: 608-831-4236
4950 MEMCO LANE ~ RACINE, WI 53404 ~ TELEPHONE: 262-639-9029 FAX: 262-639-7471
520 S. 92nd STREET ~ MILWAUKEE, WI 53214 ~ TELEPHONE: 414-778-1112 FAX: 414-778-2342

For a complete list of our openings, please refer to our website at www.brucecompany.com

EMPLOYMENT APPLICATION

PERSONAL INFORMATION **TODAY'S DATE** _____

NAME:	FIRST: MIDDLE INITIAL: LAST:		
PRESENT ADDRESS:		P.O. BOX:	
CITY:		STATE:	ZIP:
PHONE:	Home: ( ) Cell: ( ) Fax: ( )		
Email Address:			

Are you 18 years or older? Yes ☐ No ☐ Are you a U.S. Citizen or otherwise currently authorized to obtain lawful employment in this country? Yes ☐ No ☐

Complete if required by the job you are applying for;	1. DRIVERS LICENSE #:	STATE:
	2. CDL DRIVERS LICENSE #:	STATE:

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? Yes ☐ No ☐

If yes, provide further information as to the offense(s), date, location of court, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. (**The Bruce Company** OF WISCONSIN, INC. will consider your record only as it may substantially relate to the job for which you are applying.)

Have you ever been employed by us? Yes ☐ No ☐ If so, please list date(s) _____

If you worked for The Bruce Company under another name, please list name_____

PLEASE INDICATE WHICH TYPE(S) OF EMPLOYMENT INTERESTS YOU: (Check more than one block if you wish.)

☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Weekends ☐ Evenings ☐ Summer ☐ Internship
☐ Landscape Construction ☐ Landscape Maintenance ☐ Interior Plant Care ☐ Office ☐ Compost ☐ Aquatic Services/Ponds ☐ Irrigation
☐ Nursery /Inventory Control ☐ Golf Construction ☐ Golf Maintenance ☐ Shop ☐ Snow Removal ☐ Other:_____

Retail Store: (Middleton location only)

☐ Furniture ☐ Nursery ☐ Greenery ☐ Garden Center ☐ Pond Shop ☐ Carryout ☐ Cashier

If applying for Landscaping, would you be willing to work out of town? (Check One) Yes ☐ No ☐

ARE YOU PRESENTLY EMPLOYED? Yes ☐ No ☐	**DATE AVAILABLE**	**SALARY EXPECTATION**

List relatives or friends employed by us:

EDUCATIONAL INFORMATION	Name, Address, City & State
High School	
College	

If you are a student and would be returning to school, what would be your last available day of work? _____

(Information about your education will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)
SKILLS OR ADDITIONAL TRAINING
HOW DID YOU HEAR OF OUR COMPANY?

PREVIOUS EMPLOYERS (Please list all previous employers. Attach additional sheets if necessary.)

COMPANY NAME:		DATES:	
ADDRESS:		STATE:	ZIP:
CITY:		PHONE:	SALARY:
SUPERVISOR:		REASON FOR LEAVING:	
General Duties:			
COMPANY NAME:		DATES:	
ADDRESS:		STATE:	ZIP:
CITY:		PHONE:	SALARY:
SUPERVISOR:		REASON FOR LEAVING:	
General Duties:			
COMPANY NAME:		DATES:	
ADDRESS:		STATE:	ZIP:
CITY:		PHONE:	SALARY:
SUPERVISOR:		REASON FOR LEAVING:	
General Duties:			

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired; I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly denied and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand this application will be considered inactive after sixty days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Applicant's Printed Name: _____ Date: _____

Applicant's Signature: _____

The Bruce Company of Wisconsin, Inc. is an equal opportunity employer and does not discriminate on the basis of race, national origin, religion, age, sex, handicap or disability or other basis prohibited by applicable local, state or federal fair employment laws or regulations. Applicants with a disability may request accommodations needed in the application and/or interview process.