



NEW VISION NETWORKS, LLC

Easton Motors, Inc.,
 P.O. Box 454, Wisconsin Dells, WI 53965
 (608) 254-6855



EMPLOYMENT APPLICATION

PERSONAL	Date of Application		Date of Hire			Starting Wage		
	Last Name		First Name		Middle Name	SS#		
	Present Street Address			City	State	Zip	No. Yrs.	Home Phone w/Area Code
	Last Address			City	State	Zip	No. Yrs.	If Under 19 Yrs of Age, Date of Birth
	Are You Legally Eligible To Work In The United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have You Ever Been Convicted of A Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Please Explain	
	Notify In Emergency: Name, Address & Phone Number w/Area Code Minors Indicate Parent or Guardian							

JOB INTEREST	Position (type of work) Desired		Starting Monthly Salary Expected		Have You Ever Previously Applied To Our Firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date You Can Start Work		List Any Relatives or Acquaintances Working For Our Company				
	Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time <input type="checkbox"/> Summer						
	Are There Any Times When You Are Unavailable For Work? If So, Please Specify				Are You Know To Schools/References By Another Name? If Yes, By What Name		
	Special Interests or Qualifications That May Help Us In Considering Your Application						

EDUCATION	Circle Highest Grade Completed	Grade School	High School	College	Graduate School	
	In Each School Category	1 2 3 4 5 6	7 8 9 10 11 12	1 2 3 4	1 2 3 4	
	Schools	Name & Address	Dates Attended From To	Diploma or Degree	Grade Average	Areas of Specification
	High School					
	College					
	Graduate School					
	Other					

HEALTH	Do You Have Any Physical Disability Which Would Limit Your Ability To Perform The Job For Which You Are Applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	While Working, Is There Anything To Prevent You From <input type="checkbox"/> Standing <input type="checkbox"/> Lifting If Yes, Explain	

VETERANS AND DISABILITY INFORMATION

Answering the questions in this section is completely voluntary and will not affect your chances for employment with the company. They are being asked because the federal government requires the company to maintain records of Vietnam era veterans, disabled veterans and handicapped individuals seeking employment. The answers to these questions will help fulfill our responsibility in this area, and the company would appreciate your help.

Did you serve in active military duty 180 days or more between August 5, 1964 and May 7, 1975? Yes No

Were you released from active military duty between August 5, 1964 and May 7, 1975 because of a service connected disability? Yes No

Are you a disabled veteran? Yes No

Do you have an emotional or physical handicap (disability)? Yes No

If you have a handicap and/or disability, please explain and list accommodations you feel are necessary

EMPLOYMENT RECORD	List Each Job Held Starting With Your Present or Last Job. Include Military Service, Summer Employment and Volunteer Activities. If You Need Additional Space, Please Continue on a Separate Piece of Paper.				
	Name of Company		Type of Business	From (MO & YR)	To (MO & YR)
	Address (Include City and State)		Starting Salary		Last Salary
	Name and Title of Supervisor		Telephone	Titles and Duties	
	Reason For Leaving				
	Name of Company		Type of Business	From (MO & YR)	To (MO & YR)
	Address (Include City and State)		Starting Salary		Last Salary
	Name and Title of Supervisor		Telephone	Titles and Duties	
	Reason For Leaving				
	Name of Company		Type of Business	From (MO & YR)	To (MO & YR)
	Address (Include City and State)		Starting Salary		Last Salary
	Name and Title of Supervisor		Telephone	Titles and Duties	
Reason For Leaving					

REFERENCES	List Name and Addresses of People Who Have Known You Over 3 Years (DO NOT LIST RELATIVES)			
	Name	Address	Occupation	Telephone

Tell us about your skills, which would make you an asset to our team.

AGREEMENT

I certify that all statements given on this application are correct, and understand that falsification or misrepresentation in this or any other personal record can result in my dismissal if I am employed by the company. If requested to do so, I agree to submit to a physical examination which I must successfully pass as a condition of being accepted for employment. I agree to provide proof of age upon notification of hire. I authorize my former employers and other individuals to give the company information concerning me, whether or not it is part of their written record, and I release them and their companies from any liability whatsoever on account of such information furnished to Easton Motors, Inc. I understand that the above noted examination and reference inquiries will be kept confidential and will not be released to anyone by Easton Motors, Inc., without my written consent. Also, I agree that if I am offered employment by Easton Motors, Inc., and accept, my employment will be employment at will and my employment and compensation can be terminated with or without cause and with or without notice at anytime at the option of Easton Motors, Inc. I am hereby informed and I understand that no representative of Easton Motors, Inc., other than the Chief Executive Officer has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the forgoing and that any such agreement must be in writing and must be signed by the Chief Executive Officer of Easton Motors, Inc.

Public Law 81/608 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing which will provide application information concerning character, general reputation and credit, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

Signature _____

Date _____