



PO BOX 100
St. Croix Falls, WI 54024
(715) 954-4300

2174 US Hwy 8
St. Croix Falls, WI 54024
(715) 954-4300, Option 1

1576 32nd St
Somerset, WI 54025
(715) 954-4300, Option 2

EMPLOYMENT APPLICATION FORM

Fireworks Forever provides equal employment opportunities (EEO) to all employees & applicants for employment without regard to gender, race, ethnic origin, nationality, sexual orientation, gender identity, religion, age, disability, marital status, veteran status or genetics. In addition to federal law requirements, Fireworks Forever complies with applicable state & local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms & conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, & training.

Full Name:		Date of Application:	
Address:	City:	State:	Zip:
Full Telephone:		Email:	

GENERAL INFORMATION
Desired store/facility:
Position(s) applied for:
Desired Salary:
Available start date:
Desired number of hours per week:
Will you be 18 as of your first day of work:
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in this country?
Have you been employed at Fireworks Forever or any of its subsidiaries in the past?
If so, when and where?
Do you have any friends or relatives employed by or applying to Fireworks Forever?
If so, please provide their name(s) and relationship(s) to you:
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations?
If not, please describe the functions or duties you are not able to perform:

EDUCATION & TRAINING				
Type of School	Name of School	Location	Year(s) completed	Major/Degree
High School				
College/Trade School				
Other (please specify)				
Additional skills or certifications:				

EMPLOYMENT HISTORY		
Starting with your present or most recent employer, please list in consecutive order all employment for past 5 years.		
Name of Company:	Employment Dates	Pay Rate
Address:	Start:	Start:
City, State, Zip:	End:	End:
Your Last Job Title:	Reason for Leaving	
List the jobs you held, duties performed, skills used/learned, & advancements/promotions while you worked at this company:		

Name of Company:	Employment Dates	Pay Rate
Address:	Start:	Start:
City, State, Zip:	End:	End:
Your Last Job Title:	Reason for Leaving	
List the jobs you held, duties performed, skills used/learned, & advancements/promotions while you worked at this company:		

Name of Company:	Employment Dates	Pay Rate
Address:	Start:	Start:
City, State, Zip:	End:	End:
Your Last Job Title:	Reason for Leaving	
List the jobs you held, duties performed, skills used/learned, & advancements/promotions while you worked at this company:		

If you have no past employment history, please provide 3 references (only one may be a direct relative)		
Full Name:	Phone Number: () -	Relationship:
Full Name:	Phone Number: () -	Relationship:
Full Name:	Phone Number: () -	Relationship:

I authorize Fireworks Forever to make a thorough investigation of my past employment, education, & activities; & to contact my past employment/references. I release from all liability & damages all parties supplying such information. I indemnify the Company against any liability which might result from making such an investigation. I waive all rights to bring any action for defamation, invasion of privacy or any similar cause against anyone contacted as a result of what they may say about me.

In consideration of my employment, I agree to conform to all Fireworks Forever policies, procedures, values, & code of ethics.

I understand employment is at-will. As such, employment and compensation can be terminated, with or without cause, & with or without notice, at any time, at the option of either Fireworks Forever or myself. I further understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Fireworks Forever & me for either employment or for the providing of any benefit.

I certify that this application & seasonal availability form were completed by myself, & that all entries on it and information in it are true & complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge & understand that any misstatement or omission of information may result in denial of employment or discharge.

Signature: _____

Date: _____

Seasonal Availability:

"X" all days you are **NOT** available & make notes for hours you are **NOT** available

JUNE		
Date	X	Hours
June 1		
June 2		
June 3		
June 4		
June 5		
June 6		
June 7		
June 8		
June 9		
June 10		
June 11		
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June 30		

JULY		
Date	X	Hours
July 1		
July 2		
July 3		
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