

Application for Employment

(PLEASE PRINT)

This application is to be completed by the applicant only.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability as provided by law.

Position Applied For _____ Date of Application _____

Desired Salary _____

Referral Source: Advertisement Walk In Employment Agency Employee Relative Other

Name of Referral Source _____

Name: _____
Last First M.I.

Other names you have used which may be necessary to verify previous employment and education _____

Home Address _____
Number Street City State Zip

How Long at Present Address _____ Home Phone No. _____

Business Phone No. _____

Have you filed an application with Winzeler Stamping before? Yes No

Have you ever been employed with Winzeler Stamping Company? Yes No

If yes, then dates previously employed _____

Are you a citizen of the United States or are you otherwise authorized to be employed in the United States under the Immigration Reform and Control Act of 1986? Yes No

Your legal status regarding your right to work in the U.S. will be subject to verification and you will have to provide these documents to Winzeler Stamping Company immediately upon any employment. Any offer of employment is contingent upon proper proof of your lawful employment status.

Are you available to work: Full Time Part Time Shift Work Overtime

Are you able to perform the essential functions of the position applied for with or without an accommodation? Yes No

Are you a smoker or do you use tobacco products? Yes No

Do any of your friends or relatives work here? Yes No

If yes, list name(s) _____

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In the last ten years, have you been convicted of, or pleaded guilty to any crimes (including crimes committed during military service)?* Yes No

Are you presently under indictment or are you currently a defendant in any criminal proceeding? Yes No

*Conviction of a crime or an indictment will not necessarily disqualify you for employment.

If you answered yes to either of the previous questions, please briefly describe the details indicating the date, nature and place of the offense and the sentence received. _____

EDUCATION AND TRAINING

	Name and Location of School	No. of Years Attended	Did you Graduate?	Subject/Major
High School/GED				
College/University				
Specialized Training				

Please provide any additional information such as special skills, training, and management experience, equipment operation or other qualifications you feel will be helpful to us in considering your application.

MILITARY

Are you a veteran of the U.S. Military Service? Yes No

If yes, what was your branch of military service _____

Active Status Yes No Reserve Status Yes No

Rank at Entry _____ Highest Rank Attained _____

Number of Years Served: 0-10 Years (Specify No.) _____ Over 10 Years? Yes No

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CURRENT AND FORMER EMPLOYERS

List each job held in the last ten years. Start with your present or last job.

Include military service assignments, such as military reserve or national guard duty, volunteer activities, and periods of unemployment.

May we contact your present employer? Yes No Do not contact now; you may contact at a later date to verify my employment there.

Date Month/Year	Employer	Salary Starting/Final	Work Performed	Reason for Leaving
From:	Company Name:		Job Title:	
	Address:		Responsibilities:	
To:				
	Telephone Number:			
	Supervisor Name:			
From:	Company Name:		Job Title:	
	Address:		Responsibilities:	
To:				
	Telephone Number:			
	Supervisor Name:			
From:	Company Name:		Job Title:	
	Address:		Responsibilities:	
To:				
	Telephone Number:			
	Supervisor Name:			
From:	Company Name:		Job Title:	
	Address:		Responsibilities:	
To:				
	Telephone Number:			
	Supervisor Name:			

Have you ever been discharged (fired) or asked to resign from any employment? Yes No

If yes, give details of each occurrence. _____

PROFESSIONAL REFERENCES

Two individuals not related to you, whom you have known for at least one year.

Name	Address and Telephone	Relationship	Years Acquainted

Application for Employment

Please read the following statement carefully before signing to indicate your understanding.

I understand that employment and continued employment with WINZELER STAMPING CO. (WSC), unless the subject of a specific written agreement to the contrary, is employment at will, and may be terminated by me or WSC at any time without notice and for any reason. No commitment for a term of employment shall be inferred or otherwise assumed from any source whatsoever, written or oral, except as herein provided. Employment for any specified duration, including "lifetime" employment shall not be valid or binding on the employee or WSC unless it is expressly set forth in a written document and signed by the employee and the President of WSC. Employment at Will is a term and condition of employment and continued employment for all persons employed by WSC. WSC may alter, cancel or add regulations, personnel policies or procedures, terms and conditions of employment from time to time for any reason in its discretion and without advance notice to any person employed by WSC, except employment at will as a term of employment and continued employment. Recognition of these rights and prerogatives of WSC is a term and condition of employment and continued employment.

I understand that employment and continued employment is contingent upon verification of all information contained in this application or other pre-employment questionnaires or interviews, including but not limited to, verification of the ability to perform the essential functions of the positions with or without reasonable accommodation and of applicable lawful age and legal right to work in the United States as provided under applicable law. I agree to furnish such additional information and complete examinations as may be required to complete my employment file and to verify the information contained therein.

I understand that employment and continued employment may, in the discretion of WSC, be contingent upon completion of a medical examination. I consent to taking such a medical examination and future examinations as may be required by WSC. Subject to applicable law, such examinations will include urinalysis and/or other testing to determine the presence of illegal substances within the body.

I authorize (a) an investigation of all matters concerning my past employment, work as an independent contractor, credit, character or other activities; and (b) the issuance of any information by any person, company or corporation with respect to any of the above, including statements which may be furnished or obtained concerning my background at any time. I release from any and all liability and responsibility all persons, companies and corporations supplying such information and WSC's agents in obtaining the same. I understand that I may be required to authorize WSC to obtain a consumer report or investigative consumer report, in accordance with applicable law, which authorization is contained in a separate document.

I understand that if employed I will be required to abide by all the rules and regulations of WSC including applicable safety rules, and I agree to use such protective clothing and devices as may be required by WSC.

I understand and agree that use of any tobacco product on or off of the job is sufficient basis for my disqualification for employment, or if already employed by WSC, the termination of my employment with WSC upon discovery of the use of tobacco products. I agree that WSC shall not be liable in any respect if I am not hired or if my employment is terminated as a result of the current or future use of tobacco products.

I understand and agree that any false, misleading, or incomplete information given in my application, interview(s), or other pre-employment questionnaires and procedures, regardless of when discovered by WSC will be sufficient basis for my disqualification for employment, or if already employed by WSC the termination of my employment with WSC. I agree that WSC shall not be liable in any respect if I am not hired or if my employment is terminated as a result of providing such false, misleading or incomplete information.

I hereby acknowledge that I have read and understood all of the information above written and agree to the terms therein.

Signature

Date

For Employer Use Only

Interviewed by: _____ Date: _____ Hired: Yes No

Starting Date: _____ Position: _____ Wage: _____