



1875 Olson Drive  
Chippewa Falls, WI 54729

Phone 715-720-1794 • Fax 715-720-1797  
Email: apply@wisconsinmetalfab.com

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_ Date Available to Start Work: \_\_\_\_\_  
 Position Applied for (please be specific): \_\_\_\_\_ Wage/Salary Expected: \_\_\_\_\_

Legal Name: _____			Social Security No. _____	
First Name	MI	Last Name		
Present Address: _____				
Street Address		City	ST	ZIP
Daytime Phone _____	Evening Phone _____	Cell Phone _____	E-mail _____	
Is there any information we would need about your name or use of another name for us to be able to check your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____				
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which branch? _____ Specialty: _____				
How did you hear about our company? <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Internet (please specify) _____ <input type="checkbox"/> Newspaper (please specify): _____ <input type="checkbox"/> Other (please specify) _____				

EDUCATION	NAME & LOCATION OF SCHOOL (CITY & STATE)	NUMBER OF YEARS COMPLETED	WHAT DEGREE / DIPLOMA /	MAJOR COURSE OF STUDY
HIGH SCHOOL				
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS				

Please provide below any addition information you believe would be valuable when considering you for employment. Please include any JOB RELATED professional or trade certifications, licenses, equipment qualifications, and any other JOB RELATED skills and training.

If applying for a position which requires driving a motorized vehicle, including a forklift, please provide the following information:

Do you have a valid driver's license?  Yes  No Type(s):  Operator  Commercial (CDL)  Chauffeur  
 License No. \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No If Yes, please explain.

Have any license, permit, or privilege ever been suspended or revoked?  Yes  No If Yes, please explain.

Have you had any accidents in the past three years?  Yes  No If Yes, how many? \_\_\_\_\_

Have you had any moving violations in the past three years?  Yes  No If Yes, how many? \_\_\_\_\_

## Employment History

*Please list in chronological order, starting with your present or last employer, your employment history for the past 5 years. Attach an additional sheet if necessary. Please complete even if a resume is included.*

Present or Last Employer – Company Name	Dates of Employment From: _____ To: _____
Street Address	Supervisor's Name & Job Title
City, ST, Zip	Supervisor's Phone Number
Your Job Title: Duties:	Reason For Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name	Dates of Employment From: _____ To: _____
Street Address	Supervisor's Name & Job Title
City, ST, Zip	Supervisor's Phone Number
Your Job Title: Duties:	Reason For Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other
Final Pay: \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Next Previous Employer – Company Name	Dates of Employment From: _____ To: _____
Street Address	Supervisor's Name & Job Title
City, ST, Zip	Supervisor's Phone Number
Your Job Title: Duties:	Reason For Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other
Final Pay: \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please account for any time you were not employed in the past ten years after leaving school. (You need not list any unemployment periods of one month or less.)

<u>Time Period(s)</u>	<u>Reason(s) for Unemployment</u>
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If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet.

**Other Job-Related Experience:** Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously on this application. If you need more room, please use an additional sheet.

**References**  
Please list two references other than relatives or employers:

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
Daytime Phone: _____	Daytime Phone: _____

**General Information**

- 1. Have you ever applied for a job with this company in the past?  Yes  No  
If yes, please give the date of application, position for which you applied, and your name at that time, if different from present name.
- 2. Have you ever been employed by this company in the past?  Yes  No  
If yes, please give dates of employment, position held, and your name at that time, if different from present name.
- 3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying?  
 Yes  No If No, please explain:
- 4. Do you have any commitments to another employer that might affect your availability for employment with our company?  
(i.e. on layoff)  Yes  No If Yes, please explain:
- 5. If hired, can you furnish proof that you are least 18 years of age and that you are eligible to work in the United States?  
 Yes  No If No, please explain:
- 6. Do you now, or will you in the future, require Wisconsin Metal Fab, Inc to sponsor an employment visa for your continued employment?  
 Yes  No
- 7. Have you been convicted of a felony or misdemeanor, or released from prison in the past 10 years? Note: A "Yes" answer does not automatically disqualify you from employment as the nature of the offense, date, and position for which you are applying will be considered.  Yes  No If Yes, please explain:
- 8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? Note: A "Yes" answer does not automatically disqualify you from employment.  
 Yes  No If Yes, please explain:

**IMPORTANT**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I promise that the information provided in this employment application (and any accompanying resume) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment by Wisconsin Metal Fab, Inc if discovered at a later date. I agree to immediately notify Wisconsin Metal Fab, Inc. if I should be convicted of a felony or be charged with any crime while my job application is pending, or during my period of employment, if hired.

I authorize any person, school, current and past employer(s) (except as previously noted), government, investigative agencies, and other organizations that may be named in this application form (and any accompanying resume) to provide Wisconsin Metal Fab, Inc. with relevant information and opinion that may be useful to Wisconsin Metal Fab, Inc. in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

If offered a job that requires it, I give permission for a drug test and a job-related complete physical examination, and I consent to the release to Wisconsin Metal Fab, Inc. of any medical information they deem necessary in assessing my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

I understand that, if hired, I may not hold other employment, nor engage in consulting, sales, investments or other activities that may create a conflict of interest with Wisconsin Metal Fab, Inc.

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that only the President of Wisconsin Metal Fab, Inc. is authorized to change any of the terms of employment and that any changes must be specific and in writing..

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Did you complete this application yourself?  Yes  No If No, who did? \_\_\_\_\_

Please read and sign the Applicant Information Release found on the reverse of this page and the Applicant's Consent and Release to Drug/Alcohol Testing found on page 5.



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### APPLICANT INFORMATION RELEASE

I authorize any person, education institution, company, government or investigative agency, and any other organizations that may be named on my employment application with Wisconsin Metal Fab, Inc., including any supplemental references provided at time of application, to disclose in good faith any and all information and opinion that may be useful to Wisconsin Metal Fab, Inc. in making a hiring decision.

I willingly and freely release Wisconsin Metal Fab, Inc. and such persons and organizations from any and all liability and responsibility for any damage that may result from furnishing information incident to the employment process.

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Signature of Applicant

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Date



**Applicant’s Consent and Release to Drug / Alcohol Testing**

I have applied for employment with Wisconsin Metal Fab, Inc. (the Company) and understand that all offers of employment are made conditional upon my receiving a negative result on tests for controlled substance detection. I understand that a copy of the Company’s Drug-Free Workplace policy is available upon request.

I consent freely and voluntarily to this request for post-offer/pre-employment controlled substance screening. I authorize any physician, laboratory, hospital or medical professional retained by the Company for screening purposes to conduct such screening and to provide the results to the Company. I understand that results are treated as confidential and that I will be informed of the results. I further understand I have the right to have a copy of the results.

I understand that a positive test for controlled substance detection or my failure to sign this Consent and Release discontinues the employment process. I further understand that remaining drug-and/or alcohol-free and participating in the Company’s Drug-Free Workplace policy are conditions of continued employment.

I release the Company and any person affiliated with the Company and any such institution or person conducting the screening, from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the post-offer/pre-employment drug screening and any decision concerning employment made by the Company, in whole or in part, based upon the results of the post-offer/pre-employment drug screen.

**CONSENT AND ACKNOWLEDGEMENT**

I acknowledge receipt and understanding of the above conditions of this Consent and Release and agree to abide by the terms of the Company’s policy pertaining to drugs and alcohol.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed