



Chippewa Falls, WI 54729 Phone (715) 720-1794 • Fax (715) 720-1797 Email: apply@wisconsinmetalfab.com

APPLICATION FOR EMPLOYMENT

Wisconsin Metal Fab, LLC provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

PERSONAL INFORMATION

Please complete all fields.		
Name		Date
Address		
E-mail	Home Phone	Mobile Phone
Are you legally eligible to work in the United	States? Yes	No
Are you at least 18 years or older? (If "No,"	you may be required	to provide authorization to work.) Yes No
Which shifts are you willing to work? 1s	^t Shift 2 nd Shift _	Weekend Shift
Are you willing to work overtime? Yes	No	
	EMPLOYMENT	DESIRED
Position desired		
Date you can start	Hour	ly rate/Salary desired
Are you currently employed? Yes	No If yes , may we in	nquire of your present employer? Yes No
Are you able to perform the essential function accommodation? Yes No	ons of the job for whic	ch you are applying, with or without reasonable
Do you have any special skills, experience for?	_	ould enhance your ability to perform the position applied
	REFERRAL S	<u>OURCE</u>
How did you hear about us? Walk-In _	Advertisement	_ Employee Referral Other:
Have you ever worked for Wisconsin Metal	Fab, LLC before?	_Yes No
If yes, please explain		
		_No_If yes, who?



Chippewa Falls, WI 54729 Phone (715) 720-1794 • Fax (715) 720-1797 Email: apply@wisconsinmetalfab.com

EDUCATION

	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business, or Correspondence School			

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Please complete all fields*.

From To	Employer Name	Telephone
Job Title	Address	
Immediate supervisor and title	Summarize the nature of work performed and job responsib	ilities
Reason for leaving		
From To	Employer	Telephone
Job Title	Address	
nmediate supervisor and title Summarize the nature of work performed and job responsibilities		ilities
Reason for leaving		
From To	Employer	Telephone
Job Title	Address	
Immediate supervisor and title	nmediate supervisor and title Summarize the nature of work performed and job responsibilities	
Reason for leaving		
From To	Employer Name	Telephone
Job Title	Address	
Immediate supervisor and title	Summarize the nature of work performed and job responsib	ilities
Reason for leaving		





Chippewa Falls, WI 54729 Phone (715) 720-1794 • Fax (715) 720-1797

Email: apply@wisconsinmetalfab.com

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Wisconsin Metal Fab, LLC to hire me. If I am hired, I understand that either Wisconsin Metal Fab, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Wisconsin Metal Fab, LLC has the authority to make any assurance to the contrary.

I authorize Wisconsin Metal Fab, LLC to inquire into my education, professional, and past employment history with references as needed to determine my qualifications and suitability for employment. I hereby give my consent to any former employer or educational institution to provide academic or employment related information about me to Wisconsin Metal Fab, LLC. This includes any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing this information.

I understand that I will be required to pass a pre-employment drug test and that my social security number must be validated. I further acknowledge that certain positions with Wisconsin Metal Fab, LLC may also require confirmation that I am licensed to drive a motor vehicle, and a background check may be performed. I consent freely and voluntarily to participate in the required drug screening and background check, and consent to the release of the results to Wisconsin Metal Fab, LLC. I hereby release Wisconsin Metal Fab, LLC from any liability whatsoever arising from the drug screening and/or background check and decisions concerning employment based upon the results of the tests and checks.

I attest with my signature below that I have given to Wisconsin Metal Fab, LLC true and complete information on this application. No requested information has been concealed. I authorize Wisconsin Metal Fab, LLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date	Signature