

10245 North Enterprise Dr
 Mequon, WI 53092
 PH: (262) 238-7000
 FAX: (262) 238-7007



General MetalWorks Corporation Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applications be given equal opportunity and that selection decisions be based on job-related factors.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security No.			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied to this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Are you now, or do you expect to be engaged in any other business or employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

POSITION YOU ARE APPLYING FOR	
When can you start?	Salary Requirement
Position Title	
If you were referred to us by an employee please provide their name	
How did you hear of this position?	
Are you seeking: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Desired location: Mequon <input type="checkbox"/> Slinger <input type="checkbox"/> Either <input type="checkbox"/>	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	

From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
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SPECIAL SKILLS

List skills or training related to the job you are applying for:

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List machines or equipment experience related to the job you are applying for:

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List professional, trade, business or civic activities and offices held:

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FOR DRIVING JOBS ONLY

Do you have a valid license? YES NO Driver's license number:

License class: Has your license been suspended or revoked in the last 3 years? YES NO

If yes, explain:

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Are you presently employed? YES NO May we contact your present employer? YES NO

Have you ever been fired or asked to resign from a job? YES NO If yes, please explain:

Have you ever worked or attended school under any other names? YES NO If yes, please list names:

Previous Employment – List recent jobs first. Account for all periods of time including military service and unemployment

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I am required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

Signature

Date

APPLICATION EEO OR AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

Name	Date
Position Applied For (list only one):	
What is your race/ethnic origin? American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/>	
Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>