

## Employment Application

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_  
Last First Middle

**Present Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_

### EDUCATION

**High School:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
Classes Taken \_\_\_\_\_

**Post Secondary School:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

**Additional Schooling/Education:** \_\_\_\_\_

### WORK HISTORY - LIST MOST CURRENT FIRST

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Starting Wage:** \_\_\_\_\_ **Date Left:** \_\_\_\_\_ **Ending Wage:** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **May we contact for a reference?** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Starting Wage:** \_\_\_\_\_ **Date Left:** \_\_\_\_\_ **Ending Wage:** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **May we contact for a reference?** \_\_\_\_\_

**Do You Hold a Journeyman's Card?** \_\_\_\_\_ **If Yes, What Trade?** \_\_\_\_\_

**WORK HISTORY (cont'd)**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Date Left: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact for a reference? \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Date Left: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact for a reference? \_\_\_\_\_

**EXPERIENCE**

Programming Experience: \_\_\_\_\_

CNC Machining Experience: \_\_\_\_\_

Windows Experience: \_\_\_\_\_

General Computer Experience: \_\_\_\_\_

List all Tool Room Equipment You Have Operated: \_\_\_\_\_

Have you served as an Apprentice? \_\_\_\_\_ If Yes, Where? \_\_\_\_\_

Duties Performed: \_\_\_\_\_

**GENERAL QUESTIONS**

**HOW DO YOU FEEL ABOUT:**

- Working 1st Shift: \_\_\_\_\_
- Working 2nd Shift: \_\_\_\_\_
- Working 3rd Shift: \_\_\_\_\_
- Working overtime: \_\_\_\_\_
- Working weekends: \_\_\_\_\_
- Cleaning and/or running errands: \_\_\_\_\_
- Running production CNC machining: \_\_\_\_\_
- Taking additional classes on your own time: \_\_\_\_\_
- What would you like to see yourself doing 1 year from now? \_\_\_\_\_
- What would you like to see yourself doing 2 years from now? \_\_\_\_\_
- What would you like to see yourself doing 5 years from now? \_\_\_\_\_
- What would you like to see yourself doing 10 years from now? \_\_\_\_\_
- What is truly important to you in a job? \_\_\_\_\_
- Why are you looking to leave your present job? \_\_\_\_\_
- What would you like to gain by coming to Wisconsin Metal Parts, Inc? \_\_\_\_\_

If hired, when could you begin? \_\_\_\_\_

Other experience you have that you think we should know about: \_\_\_\_\_

Do you own your own tools? If no, are you willing to purchase your own tools required for your position? \_\_\_\_\_

How did you hear about Wisconsin Metal Parts, Inc? \_\_\_\_\_

What do you think your starting wage should be? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

*(This information will be considered in hiring or placement as it relates to the position, but will not automatically disqualify you from employment)*

**TEN REASONS WHY YOU FEEL YOU WOULD BE A GOOD FIT FOR WISCONSIN METAL PARTS, OR WHY YOU WANT TO WORK HERE. IMPRESS US AND LIST 20!**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

**REFERENCES**

Name: _____	Relationship: _____
Address: _____	Phone Number: _____
Name: _____	Relationship: _____
Address: _____	Phone Number: _____
Name: _____	Relationship: _____
Address: _____	Phone Number: _____
Name: _____	Relationship: _____
Address: _____	Phone Number: _____

**ACKNOWLEDGMENT AND AUTHORIZATION**

*Please initial below*

\_\_\_\_\_ I certify that all answers given are true and complete to the best of my knowledge.

\_\_\_\_\_ In the event of employment, I understand that false or misleading information given on my application or during interview(s) may result in termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

WISCONSIN METAL PARTS, INC. is an Equal Opportunity Employer. It is the policy of Wisconsin Metal Parts, Inc. that all personnel actions are conducted in a manner that provides equal opportunity to all employees and prospective employees. Every effort is taken to ensure that employees and prospective employees are treated fairly and their civil rights protected.

## Equal Employment Opportunity

*We are an Equal Opportunity employer and do not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, national origin, medical condition, disability, veteran status, or any other basis protected by law.*

*The information provided will be used for research, reporting, statistical purpose, and to monitor our legal compliance. To help us comply with our legal requirements under the law for Equal Opportunity and Affirmative Action record keeping and reporting requirements, we invite you to self-identify in completing the following options.*

*Completion of this form is voluntary and will not affect your opportunity for employment or terms of conditions of employment if hired. We appreciate your cooperation.*

Position Applying for: \_\_\_\_\_

Please mark one of the below:

### Gender

- Male  
 Female  
 I choose to not disclose this information

### Ethnicity

- Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin regardless of race)  
 White (Non-Hispanic or Latino)  
 Asian  
 American Indian or Alaskan Native  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Two or More Races  
 I choose not to disclose this information.

### **Protected Veterans**

The definition of protected veterans are listed below. Use the following definitions to indicate whether or not you are a protected veteran.

A "disabled veteran" is one of the following:

A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

*(continued on next page)*

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Please mark one of the below:

- I identify as one or more of the classifications of protected veteran listed above.
- I am not a protected veteran.
- I prefer not to self-identify this information.

**Disability Status**

You are considered to have a disability if you have a physical/mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

Please mark one of the below:

- Yes, I have a disability(or previously had one).
- No, I do not have a disability.
- I prefer not to self-identify this information.