



Application for Employment

Please print or type all information – Attach cover letter, resume, or additional pages if necessary
Deliver or mail completed form to our corporate offices: World Class Mfg., P.O. Box 290, Weyauwega, WI 54983

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04 (1)(m)]

Position you are interested in:

Date available:

Are you employed now? YES NO

If so, may we contact your current employer? YES NO

Have you applied to us before? YES NO

Have you worked for us before? YES NO

Are you 18 years or older? YES NO

Are you a U.S. citizen, or do you have an entry permit which allows you to become lawfully employed in this country? YES NO

Are you responding to an employment ad? YES NO

If so, where did you see the advertisement? _____

Where you referred to us? YES NO

If so, by whom: _____

If applying for any production or manufacturing positions:

I have completed a Jobfit profile:
 YES NO

Circle ONE of the following levels:

1. Engineer – industrial, manufacturing, process, etc.
2. Experienced CNC set-up, programming and/or tool making experience.
3. Experienced CNC machinist, all-levels.
4. Experienced machinist and/or tool maker on manual lathes, mills, etc.
5. No machining experience, but have worked in a manufacturing/factory setting.
6. No machining or manufacturing experience.

<p>What hours are you available to work? <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>What days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p> <p>Special Exceptions:</p>	<p>Wage or salary range seeking:</p> <p>Type of employment preferred: <input type="checkbox"/> Long-term full time <input type="checkbox"/> Temporary full time Until: _____</p> <p><input type="checkbox"/> Long-term part time <input type="checkbox"/> Temporary part time Until: _____</p>
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Your name

Social Security Number

Last Middle initial First

Address

Street City State Zip

Mailing address

(if different from street address above)

Home phone

Cell phone

Email



Education and Training

Type	Name & Location	Years & Credits	Degree or certificates achieved Major Field(s) of Study - GPA
Elementary School			[] Graduated [] Incomplete
High School			[] Diploma [] GED or HSED [] Incomplete
College/ University			
Vocational, Trade or Business School			
Correspondence or Online School			

Are you a veteran? [] YES [] NO

List U.S Military or naval service and rank achieved.

Describe any additional special study, research work, training, or volunteer work which is relevant to the job for which you are applying. List any relevant licenses, accomplishments and awards that may further qualify you for this job.

List any relevant organizations or societies you belong to or have belonged to related to this job.

If applying for a driving position: License Number / State issued from/ Expiration Date Do you hold a CDL?

You may exclude naming any organizations which may indicate race, creed, sex, age, marital status, color, or nation of origin of it's members

References Give the names of persons not related to you that have known you at least one year.

Name	Phone & Address	Business/ Relationship	Years known



Work Experience

Provide complete, specific descriptions. Start with your most recent job and include employment at a minimum of your last four jobs. Indicate any changes in title under the same employer as a separate listing. Attach extra pages as needed.

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip
Your Duties	Name of supervisor	
	Total Time Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
	From (Month & Year) To (Month & Year)	
	Wage: <input type="checkbox"/> Monthly or <input type="checkbox"/> Hourly Starting \$ _____ Ending \$ _____	

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RELEASE AND CONSENT

Drug-free workplace: I understand that it is the policy of The World Class Manufacturing Group, Inc., (World Class) to not hire or rehire individuals who may endanger themselves and others at work through illegal use of drugs or alcohol impairment. Accordingly, all individuals may be required to undergo a physical examination and AODA (alcohol and other drug abuse) screen before becoming an employee of World Class, and/or in the case of an accident or injury, and/or randomly thereafter.

If alcohol or drug screening is conducted, I agree that the specimen I provide will be used to test for the use of drugs such as (but not limited to) amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, LSD, opiates, and PCP. I further understand and agree that the results of this test will be given to World Class and/or a medical review officer of its choice, and I further understand that I will not be employed or may be terminated if the test results are positive for the presence of those drugs.

Background/ reference checks: I certify that all information given on this application is true and correct. I understand that World Class may make an investigation of my responses on this application or in an interview, of my work and personal history, and I hereby authorize any person, educational institution, or company or organization I refer to or have listed on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment.

Hold harmless: I will hold World Class, any former employers, educational institutions, and any other persons giving references, free of liability and responsibility for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Fraudulent disclosure: I understand that any misrepresentation or omission of information on this application may result in disqualification from the hiring process, or if discovered after hire, in dismissal.

Employment at will: I understand that if I am hired, either the company or I may terminate my employment at any time, without notice, for any reason.

In consideration of my employment, I agree to conform to the company's rules, policies, procedures, and regulations. I understand that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its CEO and/or President, and then only when in writing and signed by the CEO and/or President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signed: _____

Date: _____

Thank You for your interest in The World Class Manufacturing Group, Inc.