



# APPLICATION FOR EMPLOYMENT

2701 Division Street  
P.O. Box 548  
Manitowoc, WI 54221  
Main # (920) 482-3620

## PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME(LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.	
ADDRESS		CITY	STATE	ZIP CODE
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> RADIO <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> WEBSITE <input type="checkbox"/> REFERRED BY:				
PHONE NO. ( )	EMAIL		RANK SHIFT AVAILABILITY; 1= PREFERRED, X=NOT AVAILABLE ____1st ____2nd ____3rd	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	DESIRED PAY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEAGALLY AUTHORIZED TO WORK IN THE U.S.A? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO MGIF BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	WHAT WAS THE RESULT?

## EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR OTHER SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	<input type="checkbox"/> BI LINGUAL? LANGUAGES
U.S. MILITARY SERVICE	RANK

## FORMER EMPLOYERS BEGIN WITH MOST RECENT EMPLOYER

DATE, MONTH, AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	DID YOU GRADUATE	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EQUAL OPPORTUNITY EMPLOYER

CONTINUED ON OTHER SIDE

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE	BUSINESS	YEARS KNOWN

HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY/NO CONTEST TO A CRIME? YES  NO

IF YES, EXPLAIN:

(A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related of medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**REMARKS**


HIRED	DEPT.	POSITION	REPORT TO	WAGE
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APPROVED: \_\_\_\_\_  
HUMAN RESOURCES

\_\_\_\_\_  
PLANT MANAGER

\_\_\_\_\_  
DEPARTMENT SUPERVISOR