

W/S MACHINE & TOOL, INC.

APPLICATION FOR EMPLOYMENT (An equal opportunity employer)

Prior to being hired, you may be required to take a back and strength physical and a drug test. If you are being hired for a driving position, your motor vehicle record will be checked.

POLICY FOR HIRING

The most experienced person, with good references for the position available, regardless of race, color, sex, age or national origin. At the time of hiring, you will be given a copy of **W/S Machine & Tool, Inc.'s** company policy and be required to complete all necessary paperwork.

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY #: _____

HOME PHONE: (_____) _____

CELL PHONE: (_____) _____

Are you a United States Citizen? _____ If NO please provide VISA Type: _____

*Date of Birth? _____

Are you 18 years or older? _____ If not, do you have a valid Work Permit? _____

NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip

**Have you been convicted of a felony or misdemeanor within the last 5 years? _____ If so, describe below:

***The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**

****You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.**

EMPLOYMENT DESIRED

Check One 1st Shift _____ 2nd Shift _____

POSITION APPLIED FOR: _____ SALARY DESIRED: _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

EDUCATION	NAME/LOCATION	SCHOOL	No. of years Attended	Did you graduate?	Subjects Studied
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HIGH SCHOOL _____

COLLEGE/TRADE
SCHOOL: _____

EXPERIENCE: _____

FORMER EMPLOYMENT: List below, last three employers, last/present one first.

Date Month/Year	Name, address & phone of employer	Salary	Position	Reason for leaving
<u>From</u>				
<u>To</u>				
<u>From</u>				
<u>To</u>				
<u>From</u>				
<u>To</u>				

PHYSICAL RECORD: Do you have any physical limitations that preclude you from performing any work for which you are being considered? If yes, what can be done to accommodate your limitation?

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____
NAME PHONE

“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 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 all parties from liability for any damage that may result from furnishing the same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.”

Dated _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Comments: _____

Physical Limitations: Yes ___ No ___ Comments: _____

Hired: ___ Yes ___ No ___ Position: _____

Date Start: _____ Salary: _____

TRAINING / MACHINES

I have experience with the following machine(s) (please check all that apply):

CPR/First Aid Certification: ()

Forklift Truck Training: ()

Quality Equipment:

Micrometers ()

Calipers ()

Depth Gauges: ()

Blueprint Reading: ()

Grinding Equipment:

Surface Grinder(s) ()

Types: _____

Blanchard Grinder(s) ()

Types: _____

Machining Centers:

CNC ()

CNC Programming ()

Lathe(s) ()

Gundrilling: ()

Milling Machines: ()

EDM Machines: ()

Welding Capabilities: ()

Software Applications Experience: _____

W/S MACHINE & TOOL, INC.
2525 S. 162nd Street
New Berlin, WI 53151
Phone: (262) 780-7000
Fax: (262) 780-7005

REFERENCE AUTHORIZATION

To whom it may concern:

The person named below has given your name as a former employer. Your response will be kept in strict confidence.

Please complete this form and return through our website or via the fax number listed above.

Thank you in advance for your cooperation.

Sincerely,

William K. Orne, III, President

I, hereby authorize the organization listed below to disclose any requested information regarding my employment with said organization to *W/S Machine & Tool, Inc.* and agree to release that organization and its agents from all liability as a result of such disclosure.

Applicant's Signature

Date

Reference We Should Contact:

Previous Employer Name: _____

Address: _____

Contact Name at Previous Employer: _____

Phone No.: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

Employed from: _____ to _____

Reason for Termination: _____

Eligible for Rehire: Yes No

Job Title at Termination: _____

Authorized Company Representative Signature

Date

Printed Name

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Visit www.wsmachine.com/contact/ and click the "SUBMIT APPLICATION" button to enter your information and upload the application document.