

APPLICATION FOR EMPLOYMENT



Thank you for applying for a career at Wisconsin Stamping! This PDF application form can be completed online using your mobile device or your desktop computer. On your mobile device, simply select "share" once you have completed and send via email to HR@WisconsinStamping.com. You may upload the application on the Careers Page at WisconsinStamping.com. Thanks for applying.

Name: _____

Social Security No: _____

Current Address: _____

City/State/Zip Code: _____

Email Address: _____

How long have you lived there? _____ Telephone: _____

Position applied for: _____

If employed, when could you start work? _____

What salary do you expect? _____

How did you hear about this position? _____

EDUCATIONAL BACKGROUND

High School: _____

Address: _____

City/State/Zip Code: _____

Vocational/Technical School: _____

Address: _____

City/State/Zip Code: _____

Course study: _____ Highest Level Completed: _____

College: _____

Address: _____

City/State/Zip Code: _____

Course study: _____ Highest Level Completed: _____

Other training or education:

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MILITARY SERVICE

Did you serve in the Armed Forces of the United States? Yes No

If yes, what branch of service: _____

Rank/Rating at time of separation: _____

Duties included:

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Training received while in service:

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EMPLOYMENT HISTORY

(Starting with your current employer, list all employers for the past five years)

Employer: _____

Address: _____

City/State/Zip Code: _____

Position(s) held: _____ Telephone: _____

Employed from: _____ to: _____ Salary/Rate: _____

Reason for leaving: _____

Supervisor(s): _____

Employer: _____

Address: _____

City/State/Zip Code: _____

Position(s) held: _____ Telephone: _____

Employed from: _____ to: _____ Salary/Rate: _____

Reason for leaving: _____

Supervisor(s): _____

Employer: _____

Address: _____

City/State/Zip Code: _____

Position(s) held: _____ Telephone: _____

Employed from: _____ to: _____ Salary/Rate: _____

Reason for leaving: _____

Supervisor(s): _____

List below the names, addresses, and telephone numbers of three individuals not related to you who we might contact as references:

Name: _____ Telephone: _____

Address: _____

City/State/Zip Code: _____

Name: _____ Telephone: _____

Address: _____

City/State/Zip Code: _____

Name: _____ Telephone: _____

Address: _____

City/State/Zip Code: _____

Please list below any skills, experience, and/or knowledge, which you have, that would be of benefit in performing the job for which you are applying:

To the best of my knowledge, all information provided is complete and accurate. I understand that if employed, any false statement, misrepresentation, or omission of facts on this application may be considered sufficient cause for termination.

I am willing to work nights, weekends and holidays if my work assignment requires it.

I authorize Wisconsin Stamping to investigate all information provided during the application process, including contacting references given and previous employers, and releases all parties from all liability for any damage that may result from furnishing such information.

Signature _____ **Date** _____

Note: Please be advised that all offers of employment are contingent upon the successful passing of a drug-screening test.

Wisconsin Stamping does not discriminate in hiring or employment on the basis of race, age, sex, color, religion, handicap, or national origin. Completion and acceptance of this application does not constitute a guarantee of employment. While individual(s) employed will be required to successfully complete a probationary period, no guarantee of continued employment is intended or inferred.

AUTHORIZATION TO RELEASE INFORMATION

I specifically authorize Wisconsin Stamping and/or its representatives to consult with any third party who may have information bearing on my professional qualifications, credentials, work history, education, training, licensing, criminal record (if any), character, ethics, behavior, financial condition, or any other matter, as well as to inspect or obtain any and all communication, reports (including but not limited to credit reports), records, statements, documents, recommendations, or disclosures of said third parties that may be material to such questions.

I also specifically authorize said third parties to release said information to Wisconsin Stamping and/or its authorized representatives upon request. I hereby release from any liability, Wisconsin Stamping and any and all individuals and institutions or organizations who, in good faith and without malice, provide information to Wisconsin Stamping and/or its agents concerning my professional competence or qualifications, work history, ethics, character, criminal record (if any), education, training, licensing, and other qualifications.

A copy of this Authorization to Release Information shall be as binding as the original.

Print Name (include full middle name): _____

Applicant's Signature: _____

Current Address: _____ **Yrs at Current Address** _____

City/State/Zip Code: _____

Driver's License Number & State _____ **Expiration Date:** _____

Social Security Number: _____ **Today's Date:** _____

WISCONSIN STAMPING
MOTOR VEHICLE REPORT REQUEST FORM

Date: _____

To: _____

Your FAX No: _____

Attn: _____

Your Phone No: _____

From: _____

Our FAX No: 262-781-3045

At: _____

Our Phone No: 262-781-1992

PROSPECTIVE EMPLOYEE (PLEASE FILL OUT INFORMATION BELOW LINE)

Prospective Employee

New Employee

Current Employee

Name: _____
Last
First
M.I.

Driver's License No: _____ State: _____

CHECK THE APPROPRIATE BOX FOR EACH QUESTION

Yes NO

Have you ever been denied a driver's license or had one suspended or revoked?

Have you had any violations in the past 3 years?

Have you had any auto accidents in the past 3 years?

IF THE ANSWER TO ANY QUESTION WAS "YES", please explain (give dates of violations and/or accidents):

DRIVER- I hereby grant permission to TCA Insurance and my employer or prospective employer to secure a Motor Vehicle Report on me. I also certify that the statements made above are stated truthfully and without reservation.

Driver's Signature _____ **Date Signed** _____