



WISCO INDUSTRIES, INC.

P.O. BOX 10 • OREGON, WI 53575 • wiscoind.com / wiscomade.com
 PH: 608.835.3106 • 800.999.4726 • FX: 608.835.8273

APPLICATION FOR EMPLOYMENT

Wisco Industries is an equal opportunity employer and complies with all Local, State, and Federal Laws regulating or prohibiting discrimination in employment.

P E R S O N A L	Last Name _____ First _____ Middle _____			Date _____
	Street Address _____			Home Phone _____
	City, State ZIP _____			Business Phone _____
	Email Address _____			Cell Phone _____
	Position Applied For: <input type="checkbox"/> Assembly Worker <input type="checkbox"/> Production Worker			Pay expected: \$_____ Per Hour
	<input type="checkbox"/> Office/Administration <input type="checkbox"/> Professional			
	Other special training or skills (language, machine operations, etc.) _____			

E D U C A T I O N	School	Name and Location of School	Course of Study	# of years completed	Did you graduate?	Degree or Diploma
	Graduate				YES <input type="checkbox"/> NO <input type="checkbox"/>	
	College				YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Business Trade/Technical				YES <input type="checkbox"/> NO <input type="checkbox"/>	
	High School				YES <input type="checkbox"/> NO <input type="checkbox"/>	

R E F E R E N C E S	Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative		
	<input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____		
	Personal References:		
	Name and Occupation	Address	Phone Number

EMPLOYMENT HISTORY

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employment. Attach additional pages if necessary.

1	Company Name	() -
	Address	Phone From: To: Employed (Month and Year) Start: Last:
	Name of Supervisor	Hourly Pay
	Job Title and Description of Work	Reason for Leaving
		() -
2	Company Name	Phone From: To: Employed (Month and Year) Start: Last:
	Address	Hourly Pay
	Name of Supervisor	Reason for Leaving
	Job Title and Description of Work	() -
		Phone From: To: Employed (Month and Year) Start: Last:
3	Company Name	Hourly Pay
	Address	Reason for Leaving
	Name of Supervisor	() -
	Job Title and Description of Work	Phone From: To: Employed (Month and Year) Start: Last:
		Hourly Pay
4	Company Name	Reason for Leaving
	Address	() -
	Name of Supervisor	Phone From: To: Employed (Month and Year) Start: Last:
	Job Title and Description of Work	Hourly Pay
		Reason for Leaving
5	Company Name	() -
	Address	Phone From: To: Employed (Month and Year) Start: Last:
	Name of Supervisor	Hourly Pay
	Job Title and Description of Work	Reason for Leaving
		() -

DO NOT CONTACT

We may contact the employers listed above unless you indicate those you do not want us to contact.

1	<input type="checkbox"/> Reason:
2	<input type="checkbox"/> Reason:
3	<input type="checkbox"/> Reason:
4	<input type="checkbox"/> Reason:
5	<input type="checkbox"/> Reason:

Have you filed an application here before?YES NO

If yes, give date(s) and name (if different from current name)._____

Have you ever been employed here before?YES NO

If yes, give date(s) and name (if different from current name)._____

Are you employed now?YES NO

May we contact your present employer?YES NO

Are you on lay-off and subject to recall?YES NO

Do you have legal permission to work in the United States?YES NO

Work Availability:Full-time Part-time Temporary

Are you able to work overtime if asked or required?YES NO

On what date would you be available to work? ___/___/20___

What shifts(s) are you available to work?1st 2nd 3rd

Are you at least eighteen years of age?YES NO

Have you ever been convicted of, plead *nolo contendere* (no contest) to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense?YES NO

If yes, provide details: _____

(If you are in doubt about the nature of any offense, please list. This question is designed to require disclosure of all past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no applicant will be denied a position because of a past conviction, offense, violation or fine, which is not substantially related to the circumstances of the employment sought.)

Are you currently subject to a pending criminal charge for any misdemeanor or felony?YES NO

If yes, provide details: _____

(This question is designed to elicit information on all pending criminal charges, whether felony or misdemeanor. However, no applicant will be denied a position because of a pending criminal charge which is not substantially related to the circumstances of the employment sought.)

VERIFICATION OF EMPLOYMENT AUTHORIZATION

TO: Past/Present Employer

I have recently applied for a position with Wisco Industries, Inc.

This verification of employment notice authorizes you to release any and all information concerning my employment with you about which Wisco Industries, Inc. may inquire.

I hereby release your company and its agents from any and all liability of any type as a result of providing the above mentioned information to Wisco Industries, Inc. Please complete the Wisco Industries, Inc. reference form, and return it to the Human Resources Department.

A COPY OF THIS AUTHORIZATION IS CONSIDERED AS AN ORIGINAL AUTHORIZATION.

Signature: _____ Date: _____

Print Name: _____

I certify that the facts set forth in this application are true, correct, and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of statements I have made herein.

I hereby release from any and all liability, credentials, and qualifications. I hereby further authorize any party (including the companies, schools, and organization listed in this application form) to release any information they have about me to Wisco Industries, Inc. I also release all individuals, companies, schools and organization (and all individuals connected with them) who provide such information to Wisco Industries from all liability for any damage for giving this information.

I consent to any further examinations as may be require by Wisco Industries, including, without limitation, any pre-employment physicals or drug screens.

I understand that if any of the information on this application form is discovered to be incorrect, false, or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, that Wisco Industries may deny me employment or terminate my employment, and I agree that Wisco Industries shall not be liable in any respect if it does so. Unless modified by a collective bargaining agreement, I understand that if employed, I will be an at-will employee, and any such employment is not binding on either party for any specified period of time. I agree with Wisco Industries' policy of equal employment opportunity without regard to age, race, creed, color, handicap, marital status, sex, national origin, ancestry, sexual orientation, arrest record and conviction record, and all other protected characteristics, as required by law.

Signature of Applicant Date

YOUR APPLICATION WILL BE ON FILE FOR 60 DAYS. IF YOU WISH TO BE CONSIDERED BEYOND THE 60 DAYS, PLEASE COME IN AND COMPLETE A NEW APPLICATION FORM.

DO NOT WRITE BELOW THIS LINE

DEPT _____ CLOCK NUMBER _____ CLASSIFICATION _____ RATE _____
SHIFT _____ SERVICE DATE _____ HIRE AUTHORIZED BY _____

