



**APPLICATION
FOR EMPLOYMENT**

THE ENGWALL COMPANY
MINNESOTA - WISCONSIN

Note: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable for your situation, but we ask that you answer all job-related inquiries to the best of your ability. Engwall's is an Equal Opportunity Employer. All candidates will be evaluated on the basis of their qualifications for the job in question. Federal and/or state law prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other protected status. Please advise us if any accommodations are required to assist you in the application process.

(PLEASE PRINT) Date of Application _____

Name _____
(Last) (First) (Middle)

Address _____
(Street, City, State & Zip Code)

Telephone (Check which preferred) _____
 Home _____
 Business _____
 Cellular _____

Position Desired _____ Full-Time / Part-Time / Other (Circle One)

Date Available _____ Compensation Desired _____

Have you ever applied for a position with us? Yes No If "Yes", when? _____

Have you ever been employed by us? Yes No If "Yes", when? _____

Do you have any relatives close friends working here? Yes No If "Yes", state identity and relationship _____

EDUCATIONAL DATA

PRINT NAME, NUMBER & STREET, CITY, STATE AND ZIP CODE FOR EACH

School		# of Years Completed	Degree	Major Course of Study
High School	_____			

College	_____			

Graduate School	_____			

Trade, Night, Business or Correspond.	_____			

EDUCATIONAL DATA

In the following spaces, give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back.

Employer	Employed From	Starting Position
Address	/ Mo/Yr	Last Position
Telephone	To	Other Positions Held
Starting Salary	/ Mo/Yr	Immediate Supervisor
Final Salary		

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EDUCATIONAL DATA

(In responding to these inquires, continue on a separate sheet if you require additional space.)

1- May we contact your present employer? Yes No Previous Employers? Yes No
 Please identify any exceptions and reasons for not contacting _____

2- In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? Yes No If "yes" identify name(s) and relevant dates

3- Have you ever been dismissed or forced to resign from any employment? Yes No If "Yes", please explain

4- Except for vacation and holidays, how many work days were you absent during the last calendar year?
 0-5 days 5-10 days 10-15 days 15-20 days 21+ days
 During the prior year?
 0-5 days 5-10 days 10-15 days 15-20 days 21+ days

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No Dates Served _____

Describe any special job-related training received _____

OTHER SPECIAL SKILLS

Describe any other special job-related skills or qualifications (e.g. foreign languages, computers, professional associations, etc.) that would support your application

GENERAL INFORMATION

- 1- If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.? _____ Yes _____ No

- 2- If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the State? _____ Yes _____ No

- 3- Are you under 18 years of age? _____ Yes _____ No Under 21? _____ Yes _____ No

- 4- Have you ever been convicted of a felony? _____ Yes _____ No
(An affirmation response will not automatically disqualify you from being considered as a candidate for employment.)
If "Yes", please explain _____

- 5- If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?
_____ Yes _____ No

- 6- Are you willing to work overtime as requested? _____ Yes _____ No _____ Not Applicable

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification or dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability all persons and corporation requesting or supplying such information.

Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising the Company (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; and (2) whether I can perform the job without posing a direct threat to the health and safety of myself or others.

I hereby agree to submit to any lawful drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable-at-will, that I am not being employed for any specific time, and that this application is not, and is not intended to be a contract for continued employment. Any exception to this policy only may occur based on the written authorization of the President of the Company.

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period requested by law.

Signature of Applicant

Date

