

**Application For Employment**

 **PLEASE PRINT ALL** Wolverine Metal Stamping is an equal employment opportunity employer. In **ALL CANDIDATES**

 **INFORMATION** compliance with all applicable Federal and State equal opportunity laws, qualified **WILL BE TESTED**

 **REQUESTED EXCEPT** applicants are considered for all positions without regard to race, color, religion, **FOR ILLEGAL**

 **SIGNATURE** sex, national origin, cititzenship, age or disability. **DRUGS**

**COMPLETE ALL ITEMS. USE N/A – DO NOT LEAVE ITEMS BLANK.**

 **Did you complete this application yourself?**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Yes [ ] No if not, who did? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Maiden

Current address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street City State Zip

Are you known by another name? [ ] Yes [ ] No Social Security No.\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_

If yes, by what name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source [ ] Advertisement [ ] Employment Agency [ ] Friend [ ] Relative [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever filed an application or worked here before? [ ] Yes [ ] No Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many hours can you work weekly\_\_\_\_\_\_\_\_\_\_\_

And salary desired (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you available to work any shift [ ] Yes [ ] No

 **(Please be specific)** When are you available to begin work? \_\_\_\_\_\_\_\_\_\_

Are you at least 18 years of age or older? [ ] Yes [ ] No

Are you prevented from lawfully being employed in the United States because of visa or Immigration status? [ ] Yes [ ] No

**PROOF OF IDENTITY AND RIGHT TO WORK WILL BE REQUIRED OF ALL APPLICANTS FOR EMPLOYMENT**

Employment desired [ ] FULL-TIME ONLY [ ] PART –TIME ONLY [ ] FULL- OR PART-TIME [ ] SUMMER

Do any friends or relatives work here? \_\_\_\_Yes \_\_\_\_No if yes, list names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF AND/OR PLED GUILTY TO A FELONY (FEDERAL/STATE/COUNTY/LOCAL)? [ ] NO [ ] Yes**

**If yes, explain number of felony conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED/GRADUATED | MAJOR & DEGREE |
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 **GENERAL SKILLS**

Typing \_\_Yes \_\_No \_\_\_\_\_WPM Other activities that may reflect your ability to perform

10-Key\_\_Yes \_\_No in the job for which you are applying (i.e., hobbies,

 memberships, offices held, etc). Do not list any

Personal Computer \_\_\_Yes \_\_\_No organizations or activities that reflect race, color, Software\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ religion, gender, or national origin.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other applicable skills or knowledge. List all languages you speak/read/understand.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Experience** Please list your work experience for the last past five years beginning with your most recent job held. If you were self-employed, give firm name. Do not leave any information blank. You may attach additional sheets and / or a resume but do not use them as a substitute for completing this section.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATES OF EMPLOYMENT (MO/YR) | FULL NAME OF EMPLOYER, ADDRESS, IMMEDIATE SUPERVISOR AND TELEPONE | JOB TITLE, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY | BASE WAGES AND EARNINGS (NO OVERTIME) | REASON FOR LEAVING (PLEASE BE SPECIFIC) | **MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?** |
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**LIST THREE BUSINESS REFERENCES (PLEASE DO NOT LIST RELATIVES)**

|  |  |  |  |
| --- | --- | --- | --- |
| **LENGTH OF ACQUAINTANCE** | **NAME AND PHONE NUMBER** | **ADDRESS** | **POSITION OR PROFESSION** |
|  |  |  |  |
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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE read carefully and initial each box [ ] indicating that you have read and fully understand the following items:**

[ ]I understand that (1) Wolverine Metal Stamping (hereafter referred to as “the Company”) has a drug and alcohol policy

That provides for pre-employment testing as well as testing after employment; and (2) I consent to and will comply with such policy as a condition of my employment; and (3) I understand continued employment is based on the successful passing of testing under such policy; and (4) I understand that the offer of employment is conditioned upon a pre-employment physical examination that includes the successful passing of pre-employment testing under this policy.

[ ] I understand that in making this application for employment, the Company may obtain a consumer report from a consumer reporting agency. Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. Please see the separate notification and signature page that accompanies this application as required by law.

[ ] I certify that the information I have given on this application is true and complete. I further agree that any false information may be cause for discharge in the event I am employed. I authorize investigation of all statements contained in this application and release from all liability the companies, schools, and persons who provide job-related information as part of the pre-employment evaluation process.

[ ] I understand that this application is not, nor is it intended to be , a contract of employment.

[ ] I have read, understand and agree with the above statements.

**Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Wolverine Metal Stamping depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**CONSUMER REPORT AUTHORIZATION**

I understand that in making this application for employment, Wolverine Metal Stamping may obtain a consumer report from a consumer reporting agency. Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. Upon written request from me, The Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge receipt of a separate disclosure that a consumer report may be obtained. I hereby authorize a copy of my consumer report (including credit history, criminal background, motor vehicle operation and social security number verification) from a consumer reporting agency be released to Wolverine Metal Stamping.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**PLEASE PROVIDE THIS INFORMATION IN THE EVENT YOUR POSITION REQUIRES OPERATING A VEHICLE IN THE COURSE OF CURRENT OR FUTURE JOB RESPONSIBILITIES**

**DRIVING RECORD**

DO YOU HAVE A VALID DRIVER’S LICENSE? \_\_\_\_Yes \_\_\_\_No

If no, do you have a State Identification Number? \_\_\_\_No \_\_\_\_Yes If yes, number and state of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Operator [ ] Commercial (CDL)

Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any accidents during the past three years? [ ] Yes [ ] No if yes: How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any moving violations during the past three years? [ ] Yes [ ] No if yes: How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILITARY EXPERIENCE**

HAVE YOU EVER BEEN IN THE ARMED FORCES? [ ] Yes [ ] No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? [ ] Yes [ ] No

Specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_