



JOB APPLICATION

If completing Online/Electronically, Press the "Tab" key to move from one field to another.

Please Print Or Type All Information

USE ADDITIONAL PAGES IF NECESSARY

Last Name	First Name	Middle Name
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Application for Position(s) of	Date Available	E-Mail Address
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Present Address (number, street, city, state, zip code)	Home Phone
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Mailing Address (if different from above) (number, street, city, state, zip code)	Work Phone
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What hours are you available to work? <input type="checkbox"/> First Shift. <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift.	Types of Employment Preferred (Check more than one box if desired) <input type="checkbox"/> Full Time <input type="checkbox"/> Flex Force (Limited Part Time) <input type="checkbox"/> Part Time
What days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	_____

Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you over age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen, or do you have an entry permit which allows you to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you applied for work at DuraTech in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever WORKED at DuraTech in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN? From Month and Year To Month and Year		
What position(s) did you hold?		
Why did you leave?		

How did you hear about this Job Opening?

Newspaper Which One? _____ Job Center of Wisconsin Internet Which Site? _____

EDUCATION AND TRAINING

Check the box next to the highest grade or year completed in school: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Do you have: <input type="checkbox"/> High School Diploma <input type="checkbox"/> HSED / GED
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Name and Location of High School

TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Check the Box next to the number of years in College or University: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Name and Location	Dates Attended	Credits Earned	Major Field	GPA/Base	Degree (and Year) Conferred
	From To				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant** to the job or jobs for which you are applying. Also include **relevant** licenses or certificates. **Be specific.** Press tab at the end of each line.
 List any organizations you belong to (or have belonged to) and any job-related honors or awards you have received:

WORK EXPERIENCE: Provide a complete description. This information will be used to determine if your application is accepted. **BE SPECIFIC.** Start with your most recent job and attempt to include employment occurring over the past 10 years. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, list the average number of hours per month. Indicate any changes in job title under same employer as a separate position. Use additional pages if necessary to complete this section.

Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary Ending: \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year) 1
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary Ending: \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary Ending: \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip Code

Your Duties	Name of Supervisor	
	Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	From (Month & Year)	To (Month & Year)
	Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary Ending: \$ _____	

May we communicate with your present employer? Yes No May we communicate with your past employers? Yes No

REFERENCES

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Please read and sign

If employed, I agree to abide by all of the work and safety rules of the company. I understand that this company is committed to maintaining a drug-free workplace. I am aware that the company requires a drug test as part of the hiring process, and may require a drug test if an accident or other performance related incident occurs during employment.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

Employment at will

Your employment relationship with us is “at will”, which means you enter into employment voluntarily, and you are free to resign at any time for any reason or no reason. Similarly, DuraTech Industries is free to conclude its relationship with any employee at any time for any reason or no reason.

By signing this application, you are certifying that all information contained herein is true and accurate.

Signature (If completing online, type your initials and today's date)	Date Signed
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