

EMPLOYMENT APPLICATION



Employee owned

Stator Windings for the Motor Industry

208 NORTH VALLEY STREET
NEW ULM, MN 56073
507-359-2034
www.windings.com

DATE

The following information is requested in order to help us make the best possible placement within the company. Complete all portions pertaining to you. We appreciate the time you spend in filling in this application form. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, (except where the employment of minors is prohibited by law) marital status or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Date of Application

Position(s) Applied For

Referral Source: Advertisement Friend Relative Walk-In
Employment Agency Other

POSITION

Name LAST FIRST MIDDLE

Address NUMBER STREET CITY STATE ZIP CODE

Telephone (Area Code) Social Security Number

Are you 18 years of age or older? Yes No

Have you filed an application here before? Yes No If Yes, give date

Have you ever been employed here before? Yes No If Yes, give date

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Will you work overtime Yes No Will you work shifts Yes No First Second

On what date would you be available for work?

Are you available to work Full Time Part-Time Seasonal (Temporary)

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

NAME

AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

EDUCATION

	SCHOOL NAME	ADDRESS	Number of years attended	Degree	Major
HIGH					
COLLEGE					
GRADUATE					
OTHER					

Courses now studying

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() —	
	() —	
	() —	

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with company policy. I agree to conform to the rules and regulations of the company, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that nothing stated or implied in this form is to be construed as a contract for employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

 Authorization signature of applicant

 Date

For Personnel Department Use Only

Arrange Interview Yes No Arrange Physical Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
 Salary _____ Department _____

By _____
NAME AND TITLE DATE