

JOB SKILLS

Check areas in which you have had training or experience.

- | | | |
|---|--|---|
| <input type="checkbox"/> Keyboard/Typing _____ wpm | <input type="checkbox"/> PC Software-(list below) | <input type="checkbox"/> Written Correspondence-(explain below) |
| <input type="checkbox"/> Machine Transcription | <input type="checkbox"/> Computer Programming (list below) | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Word Processing-(list equipment below) | <input type="checkbox"/> Computer Operations | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Mechanical (describe below) | <input type="checkbox"/> Other (indicate below) |

Describe the skills and knowledge you have related to the open position: _____

EMPLOYMENT RECORD

(use additional sheet of paper if necessary)

EMPLOYER: Please start with your present job or most recent position	JOB TITLE & WORK PERFORMED	EMPLOYED
Company Name:		From:
Address:		To:
Phone:		
Supervisor's Name:		Starting Salary:
Reason for leaving:		Final Salary:
If currently employed here, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name:		From:
Address:		To:
Phone:		
Supervisor's Name:		Starting Salary:
Reason for leaving:		Final Salary:
Company Name:		From:
Address:		To:
Phone:		
Supervisor's Name:		Starting Salary:
Reason for leaving:		Final Salary:

BUSINESS/WORK REFERENCES (familiar with your job qualifications—no relatives or personal friends)

Reference Name & Company Name	How long known? (minimum of 2 yrs)	Relationship	Address	Phone

Are there any other names under which you've worked or attended school? Yes No If yes, please list in order that we may use them for reference checking purposes: _____

AUTHORIZATION and RELEASE
Please read carefully before signing this form

The information provided in this Application for Employment is true, correct, and complete. I understand that any false statement, misstatement or omission of fact on this application or provided in any interview may be cause for rejection, or may be cause for subsequent dismissal at any time during employment if I am hired.

I authorize the Company to thoroughly investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, related to my suitability for employment. I authorize all former employers or individuals familiar with me or my employment background to release to Wisconsin Lift Truck Corp. any and all information concerning my background and personal history, and to allow copies to be made of any requested information. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment. I also release the Company from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I authorize the Company to obtain my motor vehicle records if the position I am applying for requires that I drive a motor vehicle (either my personal vehicle or a company owned vehicle).

I understand that upon receiving a job offer, a physical examination may be required (Note: if this is a job requirement, you will be notified). I understand that if an offer of employment is made to me by the Company that it is conditional upon my passing a drug screen test. I further understand that failure to pass the drug screen will be grounds for rejection of my application for employment or for my termination if already employed prior to the date of the drug screen test. Failure to take the drug screen test will also result in the rejection of my application for employment. I further understand that, as a condition of employment, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance within the meaning of the Controlled Substances Act is prohibited on Company premises or property.

Regardless of whether or not I become employed by the Company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the Company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the Company's unless specifically provided otherwise in a written employment contract signed by the Company's CEO or COO. I further understand that no company employee or representative has the authority to enter into a contract regarding duration of terms and conditions of employment other than the Company's CEO or COO, and then only by means of a signed written document.

Signed by Applicant: _____ **Date:** _____

OUR COMMITMENT TO AFFIRMATIVE ACTION

Applications are considered for all positions without regard to race, creed, color, religion, sex, national origin, ancestry, arrest/conviction record, or any other protected classification under state, federal or local law, age, sexual orientation, marital status, military or veteran status, or disability. This application will remain active for ninety (90) days from the date of filing. All applications are maintained in accordance with appropriate governing state and federal regulations. Ability to comply with the requirements of the Immigration & Reform Act of 1986 (IRCA) is required.

FOR COMPANY USE ONLY

Position interviewed for: _____

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____

DATE APPLICANT IS TO BEGIN WORK: _____ STARTING RATE OF PAY: _____

APPLICANT INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we are required to invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Applicant Name: _____ **Date:** _____

Position Applied for: _____

1. WHAT IS YOUR GENDER? Male Female

2. ARE YOU HISPANIC OR LATINO*? Yes No

* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

3. IF YOUR ANSWER TO QUESTION 2 IS NO, PLEASE IDENTIFY YOUR RACE:

White (a person having origins in any of the original peoples of Europe, North Africa or the Middle East)

Black/African American (a person having origins in any of the Black racial groups of Africa)

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam)

American Indian/Alaskan Native: (a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment)

Native Hawaiian or Other Pacific Islander: (a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Two or More Races: (All persons who identify with more than one of the above five races)

How were you referred to this opening?

Advertisement

School / College

Employee Referral

State Job Service

Employment Agency

Temporary Agency

Government Agency

Walk-in

Recruiter

Other: