

# Badger Foundry Company

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT

### GENERAL

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION
ADDRESS (STREET, CITY, STATE, ZIP CODE)			HOW LONG AT THIS ADDRESS?
PHONE NO.	CELL NO.	ALTERNATE NO.	ARE YOU AGE 18 OR OLDER?
HAVE YOU PREVIOUSLY WORKED FOR US? YES NO	DATES EMPLOYED	DEPARTMENT	POSITION
LIST ANY FRIENDS OR RELATIVES WORKING FOR US CURRENTLY, OTHER THAN SPOUSE			

IF HIRED, WHEN WOULD YOU BE ABLE TO START WORK?	HOW DID YOU LEARN OF OUR COMPANY?
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### EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? YES NO

IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A GENERAL EDUCATION DIPLOMA (GED)? YES NO

CHECK NUMBER OF YEARS OF POST HIGH SCHOOL EDUCATION 1 2 3 4 5 6 7

NAME AND LOCATION OF SCHOOLS	DEGREE RECEIVED	MAJOR OR SPECIALTY	MINOR	DATES ATTENDED

DO YOU HAVE FOUNDRY EXPERIENCE OUTSIDE OF SCHOOLING? YES NO

### MILITARY SERVICE RECORD

WERE YOU IN U.S. ARMED FORCES? Yes No	IF YES, WHAT BRANCH?	YEARS SERVED?
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CAREER FIELD AND TRAINING RECEIVED

ARE YOU PRESENTLY IN THE GUARD OR RESERVE? YES NO	RANK ATTAINED
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### REFERENCE

NAME	OCCUPATION	TELEPHONE	RELATIONSHIP	YEARS KNOWN

NOTE: AFTER CONDITIONAL JOB OFFER IS MADE, YOU MUST PASS A COMPANY PAID PHYSICAL, WHICH INCLUDES DRUG TESTING. YOUR EMPLOYMENT MAY BE TERMINATED DEPENDING UPON OUTCOME OF SUCH TESTING.

## EMPLOYMENT RECORD

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT.

START DATE	END DATE	JOB TITLE	MAY WE CONTACT THIS EMPLOYER? YES NO
EMPLOYER		STREET ADDRESS, CITY, STATE, ZIP CODE	
PHONE		REASONS FOR LEAVING	
DUTIES			

START DATE	END DATE	JOB TITLE	EMPLOYER
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
REASONS FOR LEAVING			
DUTIES			

START DATE	END DATE	JOB TITLE	EMPLOYER
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
REASONS FOR LEAVING			
DUTIES			

START DATE	END DATE	JOB TITLE	EMPLOYER
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
REASONS FOR LEAVING			
DUTIES			

GIVE DATES AND REASONS FOR ANY LAPSE IN TIME UNACCOUNTED FOR IN EDUCATION, MILITARY, AND EMPLOYMENT RECORDS SECTION.

ANY ADDITIONAL COMMENTS YOU MAY HAVE WHICH YOU FEEL QUALIFIES YOU FOR EMPLOYMENT WITH OUR COMPANY.

## AUTHORIZATION

APPLICATION MUST BE SIGNED BEFORE SUBMITTING

Please read carefully before signing.

I certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me on this application are correct and complete. I understand that any false information contained on this application may result in my discharge. I authorize you to communicate with former employers, school officials, and persons named as references. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving such information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_