



Wieber Machine

1315 N Kimps Court
Green Bay, WI 54313

p: 920-544-4445 f: 920-544-4449
e: dennis@wiebermachine.com

Date of Application: _____

Available Start Date: _____

Application for Employment

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name: _____ US Citizen? YES NO
First Middle Last

Address: _____
Street City State Zip

Telephone: _____ Email: _____

General Information

1. Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?
YES NO

2. Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)
YES NO

If yes, please explain _____

3. If selected for employment are you willing to submit to pre-employment drug screening?
YES NO

Education

School Name	Location	Degree Received	Major	Years Attended

Skills

Position Applying For: _____ Salary Requirements: _____ per hour

List skills you have, appropriate for this position: _____

Employment History

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past THREE employers.

If currently employed, may we contact your employer?

YES

NO

Employer _____ Dates Employed: _____ to: _____

Address: _____

Street

City

State

Zip

Telephone: _____

Title of your position: _____ Supervisor : _____

Name

Title

Duties performed, skilled used, promotions earned, etc _____

Salary: _____ Reason for leaving: _____

May we contact them?

YES

NO

Employer _____ Dates Employed: _____ to: _____

Address: _____

Street

City

State

Zip

Telephone: _____

Title of your position: _____ Supervisor : _____

Name

Title

Duties performed, skilled used, promotions earned, etc _____

Salary: _____ Reason for leaving: _____

May we contact them?

YES

NO

Employer _____ Dates Employed: _____ to: _____

Address: _____

Street

City

State

Zip

Telephone: _____

Title of your position: _____ Supervisor : _____

Name

Title

Duties performed, skilled used, promotions earned, etc _____

Salary: _____ Reason for leaving: _____

May we contact them?

YES

NO

References

Name	Phone Number	Company	Title	Relationship

Read Carefully

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature: _____ Date: _____