

MATENAER CORPORATION
810 Schoenhaar Drive
West Bend, WI 53090
262 338-0700

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Street Address: _____ City/State/Zip: _____

Telephone (_____) _____

Position(s) applied for or type of work desired: _____

Type of employment desired: Full-time _____ Part-time _____ Temporary _____

Date you would be available to start work: _____

Are you able to meet the attendance requirements? Yes _____ No _____

Do you have any objection to working overtime if necessary? Yes _____ No _____

Can you travel if required in this position? Yes _____ No _____

Have you ever been previously employed by us? Yes _____ No _____

Can you submit proof of legal employment authorization and identity? Yes _____ No _____

If you are under 18, can you furnish a work permit if it is required? Yes _____ No _____

Have you been convicted of a crime in the last 7 years? Yes _____ No _____

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number if driving is an essential job duty: _____

How were you referred to us? _____

EMPLOYMENT HISTORY

Please provide all employment information for your past three employers starting with the most recent:

Employer: _____ Position held: _____

Address/City: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ to _____ Wage: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address/City: _____ Telephone #: _____

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Reason for leaving: _____

Employer: _____ Position held: _____

Address/City: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ to _____ Wage: _____

Job summary: _____

Reason for leaving: _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: _____

EDUCATIONAL HISTORY

List school name and location, years completed, course of study, and any degrees earned:

High School: _____
College: _____
Technical Training: _____
Other: _____

REFERENCES

List 3 reference names, telephone numbers, and years known (do not include relatives or employers):

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

RELEASE AND PRIVACY STATEMENT

I understand that Matenaer Corporation requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Matenaer Corporation to investigate my past employment, educational credentials and other employment-related activities. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied.

I also authorize the Company to request an investigative consumer report in which information on my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, or my associates or others with whom I am acquainted or who may have knowledge concerning any such items of information. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I understand that any employment with Matenaer Corporation would not be for any fixed period of time and that, if employed, I may resign at any time for any reason and that the Company may terminate my employment at any time for any reason. I further acknowledge my understanding that statements which may be contained in policies, handbooks, and other Company materials do not create any guarantees of employment; that no supervisor, manager, executive or any other employee or agent of the Company has the authority to alter the above, and that any promises to the contrary will only be relied upon by me if in writing, signed by the Company President.

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations will be grounds for immediate discharge, if I am employed.

I understand that any offer of employment could be contingent upon a medical evaluation stating that I am able to perform the essential functions of the job, with or without reasonable accommodation, and as part of that medical evaluation I would be required to pass a drug screen.

I acknowledge that I have read and understand the above statement.

Applicant's Signature

Date

OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

ABILITY: _____

HIRED: _____ POSITION: _____ DEPT: _____