

DE PERE FOUNDRY, INC.

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION:			DATE:	
Last Name:	First Name:	Middle	Social Security Number	
Present Address		City	State	Zip
Permanent Address		City	State	Zip
Phone No.		Are You 18 years or older? YES ___ NO ___		
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?			YES ___ NO ___	

EMPLOYMENT DESIRED:				
Position		Date you can start?		Salary Desired
Are you employed now?		If so, can we enquire of your present employer?		
Have you ever applied at DePere Foundry before?		Where?		When?
How were you referred to DePere Foundry?		Who?		Where?

EDUCATION:	Name & Location of School	# of Years Attended	Did you Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade or Business School				

GENERAL:	SPECIAL SKILLS:			
Subjects of Special Study:				
Civic or athletic activities involved in (Exclude organizations which indicates race, creed, sex, age, marital status, color or national origin of its members)				
US Military or Naval Service? YES ___ NO ___ Rank: _____				
Present Membership in National Guard or Reserves? YES ___ NO ___				

FORMER EMPLOYERS		LIST BELOW LAST 3 EMPLOYERS, STARTING WITH LAST ONE (OR ATTACH RESUME)		
Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
Which of these jobs did you like best?				
What did you like most about this job?				

REFERENCES	GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.		
NAME	ADDRESS	BUSINESS/RELATIONSHIP	YEARS ACQUAINTED

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S EXECUTIVE MANAGEMENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE MANAGEMENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE	SIGNATURE
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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY			DATE
REMARKS			
CAPABILITIES			
HIRED: YES ___ NO ___	POSITION:	DEPT:	WAGE/SALARY:
APPROVED: Supervisor:	Gen'l Mgr	HR	