

OEM FABRICATORS, INC.
300 MCMILLAN ROAD
WOODVILLE WI, 54028



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination on the basis of race, creed, color, sex, age, national origin, handicap, veteran status, or any other characteristic protected by Federal, State or Local Law.

PERSONAL			
Last Name	First	Middle	Today's Date / /
Street Address		Home Telephone:	- -
City, State, Zip		Message Telephone:	- -
Email:		How did you hear about us?	
Position Desired:	Expected Pay:	How long at present address:	
<p>Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Have you ever applied for employment with us: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate date / /</p>			
<p>Have you ever worked for the company before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate date: / /</p>			
If you are under age 18, please state your age:		Can you supply working papers: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Have you been convicted of a crime in the past ten years: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p> <p><small>(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.)</small></p>			
<p>Have you ever been discharged from any other employment or asked to resign: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>			
Will you work overtime if asked: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for work: / /	
<p>What shifts/hours are you able to work (see below): Circle all that apply: 1st 2nd 3rd 4th</p>			
First: Monday - Thursday 6:00 AM to 4:30 PM		Second: Monday - Thursday 4:30 PM to 3:00 AM	
Third: Friday – Sunday 6:00 AM to 6:00 PM		Fourth: Friday – Sunday 6:00 PM to 6:00 AM	
<p><small>(Note: Work schedules are based upon the needs of OEM Fabricators and may be subject to change on a weekly basis.)</small></p>			

EDUCATION

Name/Location of School	Course of Study	No. of Years Completed	Date of Degree/Diploma
Graduate			
College			
Business/Trade/Tech.			
High School			
Elementary			

ADDITIONAL EXPERIENCE/QUALIFICATIONS

List any other experience, special training, skills or qualifications that you believe should be considered in evaluating your qualifications for employment (machine operation, blue print reading, etc.):

ATTENDANCE/PUNCTUALITY

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the company? Yes No If yes, please explain:

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REFERENCES

(List work references)

Name	Phone No.	Title/Relationship
Name	Phone No.	Title/Relationship
Name	Phone No.	Title/Relationship
Name	Phone No.	Title/Relationship

EMPLOYMENT



Begin with your most recent employment and continue with all past employment. (Attach a separate sheet if necessary)

<u>Company Name</u>	<u>Telephone:</u>
<u>Address</u>	<u>Employed from -To (Month/Year)</u>
<u>Name of Supervisor</u>	<u>Hourly Rate</u>
	Start: Finish:
<u>State Job Title and Describe Your Work</u>	<u>Reason for Leaving</u>



<u>Company Name</u>	<u>Telephone:</u>
<u>Address</u>	<u>Employed From -To (Month/Year)</u>
<u>Name of Supervisor</u>	<u>Hourly Rate</u>
	Start: Finish:
<u>State Job Title and Describe Your Work</u>	<u>Reason for Leaving</u>



<u>Company Name</u>	<u>Telephone:</u>
<u>Address</u>	<u>Employed From - To (Month/Year)</u>
<u>Name of Supervisor</u>	<u>Hourly Rate</u>
	Start: Finish:
<u>State Job Title and Describe Your Work</u>	<u>Reason for Leaving</u>



We may contact the employers listed above unless you indicate those you do not want us to contact below. Do not contact employer (s) : _____ Reason: _____

I release from liability, any employer, person, agency, organization or employee supplying information regarding me or my previous employment. I also release OEM Fabricators, Inc. from liability which may result from making any investigation of information provided in the application materials or in connection with my employment application.

PHYSICAL DATA

Can you perform the essential functions of the position for which you are applying? Yes [] No []
If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

(If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

SKILLS IDENTIFICATION

Check all that apply:

Can You:

- Read a tape measure
- Read a micrometer
- Read blueprints
- Run a computer

Do you understand:

- Fractions
- Tolerance
- Geometric dimensioning
- Welding symbols

Check all that apply below which you have at least 6 months experience with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Tig | <input type="checkbox"/> Lasers | <input type="checkbox"/> AutoCAD |
| <input type="checkbox"/> Mig | <input type="checkbox"/> Crane Operation | <input type="checkbox"/> Flamecutting, Machine |
| <input type="checkbox"/> CNC Equipment, Lathes/Mills | <input type="checkbox"/> Estimating | <input type="checkbox"/> Metrics |
| <input type="checkbox"/> CNC Brake Press | <input type="checkbox"/> CNC Programming | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Sawing | <input type="checkbox"/> Inspection | <input type="checkbox"/> Shipping/Receiving |
| <input type="checkbox"/> Forklifts | <input type="checkbox"/> AP/AR/GL | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Painting, Industrial | <input type="checkbox"/> Supply Chain Management | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Roamer Arm | <input type="checkbox"/> Solidworks | <input type="checkbox"/> Sales |
| <input type="checkbox"/> CMM | <input type="checkbox"/> Expediting | <input type="checkbox"/> Cost Accounting |
| <input type="checkbox"/> Crucial Conversations | <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Visual Manufacturing | <input type="checkbox"/> APICS | <input type="checkbox"/> Driving Truck/CDL |
| <input type="checkbox"/> MS Office | <input type="checkbox"/> Supervision | <input type="checkbox"/> OSHA |
| <input type="checkbox"/> Statics | <input type="checkbox"/> Sandblasting | <input type="checkbox"/> Hazardous Waste |
| <input type="checkbox"/> T-1 | <input type="checkbox"/> SME | <input type="checkbox"/> Six Sigma |
| <input type="checkbox"/> D1.1 | <input type="checkbox"/> AWS | <input type="checkbox"/> CadKey |
| <input type="checkbox"/> AR Plate | <input type="checkbox"/> SHRM | <input type="checkbox"/> Lean Manufacturing |
| | <input type="checkbox"/> Kaizan | <input type="checkbox"/> 5 s's |

SIGNATURE

Did you complete this application yourself? Yes No

If no, please explain why: _____

The information I've provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that the Company requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Company's discretion.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

This application for employment is good for 1 year only. Consideration for employment after 1 year requires a new application.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Date

Applicant Signature