



NELSON MACHINE & WELDING CORP.

1206 PARKVIEW RD
GREEN BAY, WI 54115
(920) 337-1926

APPLICATION FOR EMPLOYMENT

PERSONAL

DATE OF APPLICATION _____ POSITION DESIRED _____

LAST NAME _____ FIRST _____ MIDDLE _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

HOME TELEPHONE _____ SOCIAL SECURITY # _____

PAY EXPECTED _____

DATE OF BIRTH, IF UNDER 18 _____

DATE AVAILABLE TO WORK? _____

ARE YOU CURRENTLY EMPLOYED? _____

ARE YOU AVAILABLE TO WORK: () FULL TIME
_____ DAY SHIFT _____ NIGHT SHIFT
() PART TIME
_____ MORNINGS _____ AFTERNOONS _____ EVENINGS
() TEMPORARY
INDICATE DATES AVAILABLE _____

HAVE YOU BEEN CONVICTED OF A FELONY () YES () NO IF YES, PLEASE DESCRIBE CIRCUMSTANCES. _____

HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR ASKED TO RESIGN FROM ANY POSITION OF EMPLOYMENT? () YES () NO IF YES, PLEASE DESCRIBE CIRCUMSTANCES _____

IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING TEST? () YES () NO

EDUCATION

<u>SCHOOL</u>	<u>NAME OF SCHOOL</u>	<u>COURSE OF STUDY</u>	<u>NO.OF YEARS COMPLETED</u>	<u>DID YOU GRADUATE?</u>
GRADUATE				
COLLEGE				
BUSINESS/TRADE TECHNICAL				
HIGH SCHOOL				

ADDITIONAL SKILLS INCLUDING SUPERVISION SKILLS OR INFORMATION REGARDING THE CAREER/OCCUPATION YOU WISH TO BRING TO THE EMPLOYER'S ATTENTION: _____

MILITARY SERVICE: () YES () NO

DUTY/SPECIALIZED TRAINING: _____

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND /OR EDUCATION.

NAME	PHONE #	OCCUPATION	YEARS KNOWN
NAME	PHONE #	OCCUPATION	YEARS KNOWN
NAME	PHONE #	OCCUPATION	YEARS KNOWN

EMPLOYMENT

Please give accurate, complete full-time & part-time employment record. Start with your present or most recent employer.

1

COMPANY NAME _____ TELEPHONE _____
EMPLOYED (STATE MONTH & YEAR)
ADDRESS _____ FROM _____ TO _____
WEEKLY PAY
NAME OF SUPERVISOR _____ START _____ LAST _____
REASON FOR LEAVING _____

STATE JOB TITLE AND DESCRIBE WORK PERFORMED _____

May we contact _____ Yes _____ No _____

2

COMPANY NAME _____ TELEPHONE _____
EMPLOYED (STATE MONTH & YEAR)
ADDRESS _____ FROM _____ TO _____
WEEKLY PAY
NAME OF SUPERVISOR _____ START _____ LAST _____
REASON FOR LEAVING _____

STATE JOB TITLE AND DESCRIBE WORK PERFORMED _____

May we contact _____ Yes _____ No _____

3

COMPANY NAME _____ TELEPHONE _____
EMPLOYED (STATE MONTH & YEAR)
ADDRESS _____ FROM _____ TO _____
WEEKLY PAY
NAME OF SUPERVISOR _____ START _____ LAST _____
REASON FOR LEAVING _____

STATE JOB TITLE AND DESCRIBE WORK PERFORMED _____

May we contact _____ Yes _____ No _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date