

WARNER MANUFACTURING
Employment Application

Email to: ctrager@warnertool.com
Phone: 320-765-2268

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		Cell Phone			
Date Available		How did you hear of our company?		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____	
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three people not related to you, who have known for at least one year.</i>					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

PREVIOUS EMPLOYMENT (START WITH YOUR PRESENT OR MOST RECENT EMPLOYER)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE (PLEASE READ AND SIGN)

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that any omission or misrepresentation or material fact on this application or interview may result in refusal of, or separation from, employment.

I understand that if a job offer is made to me. I will be required to provide appropriate documentation for identity and employment eligibility and to attest to their authenticity in writing. Employment will be subject to the successful verification of these documents by appropriate company personnel.

I hereby authorize the Company to make any investigation of all statements contained in this application for employment or made during an interview.

I understand that, if hired. I am required to abide by all rules and regulation of the Company and to use protective equipment deemed necessary by the company. I also understand that employment with this company is at will and may be discontinued by me or the company for any reason, at any time, without prior notice.

Signature	Date	
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