



Employment Application

We are an Equal Opportunity Employer

Dorner Mfg. Corp., 975 Cottonwood Avenue, Hartland, WI 53029

<i>Please print in ink. You must complete entire application</i>		Date: _____			
Application Information					
Name (first, middle, last)					
Address (street, city, state, zip code)		Day Telephone ()			
		Evening Telephone ()			
Are there other names under which you have worked or attended school? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please list for references checking purposes.					
Are you legally authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no (If hired, you will be required to provide proof of work authorization.)					
Are you at least 18 years old? <input type="checkbox"/> yes <input type="checkbox"/> no If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.					
Have you ever been convicted of a crime or pled no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)					
Do you have any pending criminal charges against you? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe the 1) nature of the charge, 2) date issued, and 3) county and state where issued.					
Are you able to perform the essential functions of the job for which you are applying without a reasonable accommodation (if you are unsure of the essential functions of the job, please ask for a job description)? <input type="checkbox"/> yes <input type="checkbox"/> no If no, what reasonable accommodation would you need:					
Have you ever applied at this company before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when:		Have you ever worked at this company before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when:			
Do you know anyone who works here? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, whom and in what Department?		Do any of your relatives work here? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, whom and in what Department?			
Are you presently employed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, are we allowed to contact your employer?					
Position Applying For		Part-Time or Full-Time Desired	Salary Preference	Shift Preference	When can you start?
How were you referred to the company? <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Relative (Please List) _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Other _____					
Special Skills					
1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.					
2. If relevant, please describe experience using manufacturing machines and equipment.					

Education				
School	Name and Location (city, state)	No. Years Attended	Major subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> yes <input type="checkbox"/> no
College				<input type="checkbox"/> yes <input type="checkbox"/> no Type:
Graduate				<input type="checkbox"/> yes <input type="checkbox"/> no Type:
Other (specify)				<input type="checkbox"/> yes <input type="checkbox"/> no Type:

Training Courses			
<i>List any relevant training programs completed.</i>			
Course/Seminar	Organization Sponsoring	Content	Dates(s) Attended

Required License(s)
If required to drive a motor vehicle for the job applying for, state your: 1) Driver's License Number _____ 2) State Issued _____ 3) Expiration Date _____
Insurance Coverage? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the name of your insurance company and what is the policy number?
Are you licensed with any group, association or society relating to the job for which you are applying? <input type="checkbox"/> yes <input type="checkbox"/> no
Professional certifications or associations relating to the job for which you are applying? <i>Please list:</i>

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Day Telephone ()
Company	Evening Telephone ()
Work Address	Relationship
City, State, Zip Code	How long known?
Name	Day Telephone ()
Company	Evening Telephone ()
Work Address	Relationship
City, State, Zip	How long known?
Name	Day Telephone ()
Company	Evening Telephone ()
Work Address	Relationship
City, State, Zip	How long known?

Please Read Carefully Before Signing This Form

- All information contained in this application is true and correct to the best of my knowledge and belief. I understand misrepresentation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if hired.
- I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
- I understand that upon receiving a job offer, a drug screening will be required.
- If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the company, reflect adversely on the company. If employed, I agree to maintain confidentiality regarding any information concerning the company that may come to my knowledge. Further, I agree to comply with all the policies and regulations of the company as set forth in the company's Employee Handbook or other communications distributed to all employees.
- Regardless of whether or not I become employed by the company, I recognized that this application is not and should not be considered a contract of employment. I understand that employment at this company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

Signed by Applicant _____ Date _____

Thank you for your interest in our company.

THIS APPLICATION IS VALID ONLY FOR NINETY (90) DAYS FROM THE DATE SIGNED/DATED ABOVE.

(01/12)