



CW MILL EQUIPMENT CO., INC.

14 Commerce Drive, Sabetha, Kansas 66534 Phone: (785) 284-3454 Fax: (785) 284-3601

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address _____ Social Security Number _____

Position Sought: _____

How did you learn about the position? _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances: _____

Are you currently employed? [] Yes [] No May we inquire of your present employer? [] Yes [] No

Employment is contingent upon a negative pre-employment drug-screening test.

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT HISTORY- (Most Recent First.)

1. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

EMPLOYMENT HISTORY CONTINUED

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

REFERENCES - (Give below the names of three persons not related to you, whom you have know at least one year.)

1. Name _____ Years Known _____
Address _____ City _____ State _____ Zip _____ Phone _____

2. Name _____ Years Known _____
Address _____ City _____ State _____ Zip _____ Phone _____

3. Name _____ Years Known _____
Address _____ City _____ State _____ Zip _____ Phone _____

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 an authorized executive of this organization specifically acknowledges such a change in writing.

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 _____

REMARKS (For company use only – Do not write below this line.)

Neatness _____ Character _____
Personality _____ Ability _____
Hired [] Yes [] No For Department _____ Position _____

Will report for Duty on Date _____ Salary or hourly wage _____

APPROVED: 1. _____ 2. _____ 3. _____