

Employment Application for



Today's Date _____

Applicant Information					
Last Name	First Name	M.I.			
Street Address				Apt/Unit#	
City	State	Zip	Years lived current address?		
Home Phone# <input type="checkbox"/>	Cell# <input type="checkbox"/>	Email <input type="checkbox"/>	please check preferred contact		
Position Applying for			Date Available to Start		
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 Waconia Mfg Before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, when?			
How did you hear about this position? Company Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Online Job Bank <input type="checkbox"/> College Job Board <input type="checkbox"/> Other <input type="checkbox"/>					
If other, please tell us where you heard about this position					

Education			
High School		City, St.	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		City, St.	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		City, St.	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

References (please list three professional references)	
Full Name	Relationship
Phone #	Years Known
Full Name	Relationship
Phone #	Years Known
Full Name	Relationship
Phone #	Years Known

Military Service	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	



Previous Employment (most recent to oldest)

Company		Phone
Address		Supervisor
Title	Salary Start	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Title	Salary Start	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Title	Salary Start	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please list any special skills, licenses, certificates, or on the job training that you feel will be beneficial for this position below.

Disclaimer and Signature

Waconia Manufacturing Inc. is an equal opportunity employer. It considers applicants without regard to race, color, religion, national origin, age, or any other characteristic protected by applicable state or federal law. All offers of employment are conditioned on the satisfactory proof of an applicant's identity and authority to work in the United States.

Depending on the needs of the job, you will be required to complete a medical history form and required to be examined by a medical professional.

I understand that use of illegal drugs is prohibited during employment at Waconia Manufacturing Inc. If company requires, I am willing to submit to a drug test prior to and or during my employment.

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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