

## APPLICATION FOR EMPLOYMENT

It is the policy of Ad-Tech Industries, Inc. to provide equal opportunity with regard to all terms and conditions of employment. Ad-Tech Industries, Inc. complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Shift preferred: 1  2  Any

Special training or skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying:  
\_\_\_\_\_

Would you accept full-time work? Yes  No  Would you accept part-time work? Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? Yes  No  Dates \_\_\_\_\_

Are you of legal age to work? Yes  No

## EDUCATIONAL BACKGROUND

### ***Grammar School***

Name and location: \_\_\_\_\_

Did you graduate? Yes  No

Course of study: \_\_\_\_\_

Degree/Diploma \_\_\_\_\_

### ***High School***

Name and location: \_\_\_\_\_

Did you graduate? Yes  No

Course of study: \_\_\_\_\_

Degree/Diploma \_\_\_\_\_

### ***College/Vocational, or other training***

Name and location: \_\_\_\_\_

Did you graduate? Yes  No

Course of study: \_\_\_\_\_

Degree/Diploma \_\_\_\_\_

## PREVIOUS EMPLOYERS AND ADDRESSES

Place an "X" by the employer(s) you *do not* want us to contact. List the most recent employer first.

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Contact Name \_\_\_\_\_  
Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Wage \$ \_\_\_\_\_  
-----

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Contact Name \_\_\_\_\_  
Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Wage \$ \_\_\_\_\_  
-----

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Contact Name \_\_\_\_\_  
Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Wage \$ \_\_\_\_\_  
-----

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to Ad-Tech Industries, Inc. rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Ad-Tech Industries, Inc. option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Ad-Tech Industries, Inc. I understand that no Ad-Tech Industries, Inc. representative, other than its' General Manager, and then only when in writing and signed by the General Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT REFERENCE CHECK

Date: \_\_\_\_\_

To Whom It May Concern:

The applicant named below has submitted an application for employment with our company. Please verify employment and rate the performance of this candidate below. Please return as soon as possible.

Ad-Tech Industries, Inc.  
110 South Votek Drive  
Watertown, WI 53094  
Attn: Human Resources  
Phone: 920-262-0302 ext. 109 Email: hr@ad-techind.com

**To be completed by applicant (This section only):**

Applicant's Name: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I request and authorize the previous employer listed above to complete this reference check.

I release my previous employer and all persons and organizations from all claims and liabilities of any nature arising from any information provided pursuant to this request.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**To be completed by former employer (Ad-Tech will send to former employer):**

- 1) Attendance  
\_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent
- 2) Work Performance  
\_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent
- 3) Attitude  
\_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent
- 4) Dependability  
\_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent
- 5) Initiative  
\_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent

Why did the applicant leave? \_\_\_\_\_

Would you rehire? Yes No If no, why not? \_\_\_\_\_

Comments: \_\_\_\_\_

# Voluntary Affirmative Action Form

Completion of information below if voluntary. Submission of this information is voluntary and refusal to provide it will not subject you discharge or disciplinary treatment. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non – job – related medical condition or handicap, or any other legally protected status.

**Date:** \_\_\_\_\_ **Position(s) Applied For:** \_\_\_\_\_

Name – Last	First	Middle	Area Code – Phone (    )
Address – Street	City	State	Zip Code

## Referral Source:

\_\_\_\_\_ Advertisement    \_\_\_\_\_ Employee    \_\_\_\_\_ Relative    \_\_\_\_\_ Walk – In    \_\_\_\_\_ School  
\_\_\_\_\_ Government Employment Agency    \_\_\_\_\_ Private Employment Agency    \_\_\_\_\_ Other

**Name of Source (If Applicable):** \_\_\_\_\_

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

**Check One:**    \_\_\_\_\_ Male    \_\_\_\_\_ Female

## Check one of the following race / ethnic groups:

\_\_\_\_\_ Hispanic    \_\_\_\_\_ Black    \_\_\_\_\_ White    \_\_\_\_\_ American Indian / Alaskan Native    \_\_\_\_\_ Asian / Pacific Islander

## Check if any of the following are applicable:

\_\_\_\_\_ Vietnam Era Veteran    \_\_\_\_\_ Disabled Veteran    \_\_\_\_\_ Handicapped Individual

*To be completed by applicant. Not for interview purposes.  
To be filed separately from application.*