



APPLICATION FOR EMPLOYMENT

AWI Manufacturing
3902 230th Street - P.O. Box 909
Winsted, MN 55395
Ph: 320-485-2471 Fx: 320-485-4466

PERSONAL INFORMATION

DATE _____

NAME (LAST) (FIRST) (MIDDLE) ARE YOU 18 YEARS OR OLDER? Yes No

PRESENT ADDRESS STREET CITY STATE ZIP

PERMANENT ADDRESS STREET CITY STATE ZIP

HOME PHONE NO. () CELL PHONE NO. ()

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF A VISA OR IMMIGRATION STATUS? Yes No

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU CURRENTLY EMPLOYED? IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? WHEN?

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR TECHNICAL SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

COMPUTER, SOFTWARE, EQUIPMENT OR ANYTHING YOU FEEL PERTINENT TO THE POSITION YOU ARE APPLYING FOR.

ACTIVITIES: (CIVIC, ATHLETIC, ETC.):

EXCLUDE ORGANIZATION NAMES WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR SERVICES

AWI MANUFACTURING IS AN EQUAL OPPORTUNITY EMPLOYER

FORMER EMPLOYMENT (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

EMPLOYER:	POSITION:			DUTIES:
ADDRESS:		START	ENDING	
	EMP. DATES			
PHONE NO:	SALARY			

SUPERVISOR NAME: REASON FOR LEAVING:

EMPLOYER:	POSITION:			DUTIES:
ADDRESS:		START	ENDING	
	EMP. DATES			
PHONE NO:	SALARY			

SUPERVISOR NAME: REASON FOR LEAVING:

EMPLOYER:	POSITION:			DUTIES:
ADDRESS:		START	ENDING	
	EMP. DATES			
PHONE NO:	SALARY			

SUPERVISOR NAME: REASON FOR LEAVING:

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS AND CONTACT NUMBER	BUSINESS	YEARS ACQUAINTED

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 THE COMPANY'S 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 THE COMPANY'S 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 THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, 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.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS ABILITY

HIRED Yes No POSITION DEPT.

SALARY / WAGE DATE REPORTING TO WORK

APPROVED: 1. 2. 3.

EMPLOYMENT MANGER

DEPT. HEAD

GENERAL MANAGER