

Wood's **Powr-Grip** CO., INC.
APPLICATION for EMPLOYMENT

An Equal Opportunity Employer

Notice to Applicant

- 1) Please complete this application by typing or printing in ink. Please ensure the application is legible. All parts of the application **must be completed**. An UNSIGNED application will **not** be considered.
- 2) The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment based on race, sex, disability, ethnicity, age, marital status, military status, national origin, religion or in violation of state or federal law. Woods Power-Grip is an equal opportunity employer.
- 3) This employer is committed to make reasonable accommodations to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please attach a description of the request.
- 4) An applicant who is offered a position, **must successfully pass a pre-employment drug test** prior to beginning employment.

SECTION 1: PERSONAL INFORMATION

Last Name: <input style="width: 95%;" type="text"/>	First Name: <input style="width: 95%;" type="text"/>	Initial: <input style="width: 95%;" type="text"/>		
Street Address: <input style="width: 95%;" type="text"/>				Apt. #: <input style="width: 95%;" type="text"/>
City: <input style="width: 95%;" type="text"/>	State: <input style="width: 95%;" type="text"/>	Zip Code: <input style="width: 95%;" type="text"/>	E-mail: (optional) <input style="width: 95%;" type="text"/>	
Phone: (<input style="width: 30px;" type="text"/>) <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	Message Phone: (<input style="width: 30px;" type="text"/>) <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	Date Available: <input style="width: 95%;" type="text"/>		

POSITION(S) DESIRED:

Can you Work (please complete):	Yes	No	How did you learn of this position?	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Internet	<input type="checkbox"/> MT. Job Service
Full Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WPG Employee	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other: _____	
Part Time (more than 20 hrs)	<input type="checkbox"/>	<input type="checkbox"/>	Which WPG Employee referred you? _____			
Part Time (less than 20 hrs)	<input type="checkbox"/>	<input type="checkbox"/>	If required, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Four Day Work Week	<input type="checkbox"/>	<input type="checkbox"/>	Do you have relatives currently working for WPG? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Night Shift	<input type="checkbox"/>	<input type="checkbox"/>	If yes, who are they and what is the relationship? _____			
Temporary	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Seasonal (from _____ to _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____			

Have you ever been convicted of a felony? No Yes: **Date:** **Offense:**

SECTION 2: EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? Yes No GED
 High School:
 Highest Grade: City / State:

Type	Name	City/State	Course of Study	Degree
College				
College				
Other				
Other				

NOTICE: if the position requires a degree, an official transcript verifying the degree is required with the application.

SECTION 4: EMPLOYMENT EXPERIENCE - cont'd

2)	Employer:	Type of Business:	
	Address:	City/State/ZIP:	
	Dates: (/ /) To (/ /)	Highest Salary:	Hours/week:
	Phone Number: () -	Immediate Supervisor:	
	Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		
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Reason for Leaving:			
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3)	Employer:	Type of Business:	
	Address:	City/State/ZIP:	
	Dates: (/ /) To (/ /)	Highest Salary:	Hours/week:
	Phone Number: () -	Immediate Supervisor:	
	Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		
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Reason for Leaving:			
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4)	Employer:	Type of Business:	
	Address:	City/State/ZIP:	
	Dates: (/ /) To (/ /)	Highest Salary:	Hours/week:
	Phone Number: () -	Immediate Supervisor:	
	Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		
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Reason for Leaving:			
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SECTION 5: GENERAL INFORMATION

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company. The employment relationship cannot be altered except by a written instrument signed by the President of the Company. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. **I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with this company shall be probationary for a period of 6 months, and further that at any time during the **probationary period** my employment relationship with the company is terminable at will for any reason by either party. **I also understand that if I am selected for hire, I must successfully pass a pre-employment drug test prior to beginning employment.**

Applicant (signature)

Date