

MASTER METALS INC
191 MASON STREET
ONALASKA, WI

This company is an equal employment opportunity employer. It is our policy not discriminate because of race, color, religion, sex, age, national origin, handicap or any other basis prohibited by applicable federal, state or local laws

1. Name: _____
(Last) _____ (First) _____ (Int.) _____

2. Address: _____
(Street) _____ (City) _____
_____ (State) _____ (Zip) _____

3. Phone: _____

4. Under 18: _____ (Yes or No)

5. Can you lawfully be employed in the United States? _____ (Yes or No)

6. Have you ever been employed by this company? _____ (Yes or No)

7. Type of work applying for _____

8. What events in your past work history qualify you for this position? (Apprenticeship – Education)

9. Previous Employment (list present or last job first)

From	To	Name of Employer	Title or Duties	Rate of Pay	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Use this space to identify names and telephone numbers of people to contact to verify this information.

10. Education that you believe qualifies you for the job for which you are applying:

Grade, High & Trade Schools, College	Degree or Certificate	Major Field

11. References (other than previous employers or family):

(Name) _____ (Phone)

(Name) _____ (Phone)

(Name) _____ (Phone)

12. I understand that the nature of the business of this company is such that I must be willing to travel. I agree to travel when required or voluntarily terminate my employment. _____ (Initial)

13. I understand that a drug test is mandatory to comply with Wisconsin Statutes. _____ (Initial)

AUTHORIZATION, RELEASE AND VERIFICATION

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me may result in rejection of my application or, if employed, my immediate dismissal. _____ (Initial)

I hereby give permission to the employer to seek to verify and supplement the information set forth herein. I release every person seeking or providing information from all liability or legal claims. A photocopy of this release shall be as valid as the original. I certify that all statements and answers to questions about my health are true and was made by without reservations. _____ (Initial)

I understand that employment with this employer is not contractual and at-will, terminable at any time by the employer, at its sole discretion, with or without notice. I further understand that such employment with this employer is pursuant to such terms and conditions as may be established by the employer, and that such terms or conditions are subject to change without notice. I understand this application will be considered inactive after 30 days. _____ (Initial)

I certify I have read and understand this authorization, release and verification.

Date: _____

Applicant's Signature: _____