



Wisconsin Foam Products

Precision Flexible Foam Solutions

Application for Employment

Wisconsin Foam is an equal opportunity employer.

APPLICANT INFORMATION

Position Applied for											
Last Name				First			M.I.	Date			
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available							Desired Wage				
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 worked for us in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If the position for which you are applying requires you to drive a motor vehicle in order to complete your work responsibilities, are you able to prove that you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>								
Is your eligibility for employment with us restricted due to a non-compete agreement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									

PREVIOUS EMPLOYMENT

Start with your current or most recent position. You may indicate "see resumé" ONLY if all the information requested on this form is contained on your resumé. Any information not contained on your resumé **must** be included here.

Company #1			Phone		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
If this is a current employer , may we contact them for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company #2			Phone		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			

Company #3		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

EDUCATION

High School	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College or Tech	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES (OPTIONAL)

Please list two professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

DISCLAIMERS AND SIGNATURE

Please read this section carefully before signing or submitting this application form.

All information will be treated confidentially. Your application will remain "active" until the position for which you applied has been successfully filled. It will then become "inactive". Your application will not be maintained at all if you are applying for a position which we are not actively recruiting for.

Wisconsin Foam is an equal opportunity employer and does not discriminate on the basis of race, color, creed, marital status, sex, age, national origin, religion, disability, ancestry, veteran/military status, sexual orientation, genetic information or any other protected classes as defined by local, state, or federal law. The use of this application form does not in any way obligate you or Wisconsin Foam. I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that my employment relationship with Wisconsin Foam is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, regardless of when discovered. I understand, also, that I am required to abide by all rules and regulations of Wisconsin Foam.

CONDITIONAL OFFER OF EMPLOYMENT

If I receive a conditional offer of employment, I understand that I will be the subject of drug screening, criminal background study, education and employment checks, and/or other checks as WISCONSIN FOAM deems necessary and valid for the position for which I am applying. I hereby consent to such screening and record checks. Further, I understand that assessment tests may be administered for some positions.

I have read and understand the above.

By entering my name and the date below, I indicate that I acknowledge and agree with all statements in this document. (If you do not have an electronic signature, typing in your full name will be acceptable.)

Signature	Date
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