

APPLICATION FOR EMPLOYMENT

WILKENS MANUFACTURING, INC.

1480 S. Hwy 183
Stockton, KS 67669

Wilkens Manufacturing is an Equal Opportunity Employer

Please fill in all information. Incomplete Applications will not be considered for Employment.

PERSONAL INFORMATION

Name _____ First Middle Last			Date _____
Address _____ Street City State Zip			Home Phone _____
In Case of Emergency Notify _____ Name Phone			Business Phone _____
Have you ever applied for employment with us? _____ If yes, when? _____ Are you at least 18 years of age? _____ If employed, can you provide proof of United States Citizenship? _____ Have you been convicted of a crime in the last 7 years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? _____ If Yes, please describe in full: _____			Social Security # _____ Type of Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Other
Are you currently illegally using drugs? _____ Are you able to meet the attendance requirements of the position? _____ Will you work overtime if asked? _____ Do you have relatives employed at Wilkens Manufacturing, Inc.? _____ If Yes, -- Name _____ Relationship _____			Position Desired _____
Are you able to perform the job(s) for which you are applying? _____ May we inquire of your present employer? _____ No, -- Reason _____			Salary Desired _____
			Date you can start _____

SKILLS & SPECIAL STUDIES

Do you have experience or skills in:

- | | | | |
|------------------|-------------------|------------------------|-----------------|
| Wire Welding | Mechanic | Personal Computer | Leadperson |
| Aluminum Welding | Drill Press | Main Frame Computer | Supervisor |
| Painting | Circular Saws | Computer Programming | Gen. Management |
| Maintenance | Forklift | Designing Software | Engineering |
| Press Operation | Fabric Cutting | Spreadsheet Software | Sales/Marketing |
| Electrical | Sewing | Manufacturing Software | Purchasing |
| Assembly | Blueprint Reading | Electric Typewriter | Secretarial |
| Riveting | Other _____ | Word Processing | Filing System |
| Press Brakes | | Other _____ | Accounting |
| Vehicle Bodywork | | | Data Entry |
| Shears | | | Short Hand |
| | | | Other _____ |

REFERENCES

Give the names of three persons not related to you.

Name	Phone Number	Business	Years Acquainted

MILITARY

Did you serve in the U.S. Armed Forces? _____ What branch? _____ Rank attained _____
Describe any training received in the military relevant to the position for which you are applying _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a** Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ► _____ **Title** _____ **Date** _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** 30 min.
- Preparing and sending this form to the SWA** 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



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APPLICANT'S CERTIFICATION AND RELEASE

In signing and submitting an Application For Employment to Wilkens Manufacturing, Inc. (hereinafter the "Company), I clearly understand, agree, and certify to the following:

- 1. The information contained in the application is correct and complete to the best of my knowledge.
2. I understand that omission, misrepresentation or falsification of application information is grounds for refusal to offer me employment, and grounds for my dismissal if I am employed.
3. I authorize the Company to contact my references, my schools, my previous employers and my present employer (if you request your present employer NOT be contacted, check here ____) and release the Company from all liability for any damage or claim that may result from acquiring and considering this information.
4. I authorize all references, schools and employers to provide any and all information concerning my employment, schooling, training and other experience that they may have recorded or recalled about me, personal or otherwise. Furthermore, I release all parties from all liability for any damage or claim that may result from furnishing the information to the Company.
5. I authorize the Company to sue the services of an outside agency to research and verify any or all the information I have provided on my application for employment.
6. If I am employed, I agree to abide by the rules, regulations, plans, procedures, and policies of the Company.
7. If I am employed, I understand my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself.
8. I understand that no representative of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

Signature of Applicant _____ Date _____

Signature of Witness _____ Date _____