

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

Address _____
Street City State Zip

In Case of Emergency Notify _____
Name Phone

Have you ever applied for employment with us? No Yes, When
 Are you at least 18 years of age? Yes No
 If employed, can you provide proof of United States Citizenship? Yes No
 Have you ever been convicted of a crime in the last 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? No Yes, -- please describe in full

Are you currently illegally using drugs? Yes No
 Are you able to meet the attendance requirements of the position? Yes No
 Will you work overtime if asked? Yes No
 Do you have relatives employed at Wilkens Manufacturing, Inc.? No Yes, -- Name
Relationship
 Are you able to perform the job(s) for which you are applying? Yes No
 May we inquire of your present employer? Yes No, -- Reason

Date _____
 Home Phone _____
 Business Phone _____
 Social Security # _____
 Type of Work
 Full Time
 Part Time
 Summer
 Other
 Position Desired _____
 Salary Desired _____
 Date you can start _____

SKILLS & SPECIAL STUDIES

Do you have experience or skills in:

Wire Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leadperson	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drill Press	<input type="checkbox"/> Yes <input type="checkbox"/> No	Main Frame Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circular Saws	<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Programming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gen. Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift	<input type="checkbox"/> Yes <input type="checkbox"/> No	Designing Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Press Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fabric Cutting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spreadsheet Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales/Marketing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sewing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturing Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Purchasing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assembly	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blueprint Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ten-Key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secretarial	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riveting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____		Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filing System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Press Brakes	<input type="checkbox"/> Yes <input type="checkbox"/> No			Other _____		Accounting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Bodywork	<input type="checkbox"/> Yes <input type="checkbox"/> No					Data Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shears	<input type="checkbox"/> Yes <input type="checkbox"/> No					Multi-Line Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
						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? No Yes, In what branch? _____ Rank attained _____
 Describe any training received in the military relevant to the position for which you are applying _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time, part-time & unemployment periods. Start with most recent employer first.

Company Name _____ Address _____ Telephone () _____ - _____ Name of Supervisor _____ Describe your work: _____ _____	From ____ / ____ to ____ / ____ <div style="text-align: center;">mth yr mth yr</div> Pay: Start \$ _____ per ____ Last \$ _____ per ____ Job Title: _____ Reason for Leaving: _____ _____
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EDUCATION

School	Name & Location	Course of Study	No. of Years Completed	Did You Graduate	Degree, Diploma, Certificate
Elementary					
High School					
Business, Trade, Technical					
College					
Graduate					

I understand and agree that the information provided in this application for Employment is true, correct and complete. I further understand that any false or misleading statements or omissions made by me on this application or on any other Company records may subject me to immediate dismissal at any time during my employment.

I understand that as a condition of employment by Wilkens Manufacturing, Inc., I must submit to a company Medical and Drug/Alcohol Screening prior to employment, or thereafter as may be required by the Company, and that the results will be used for decisions relating to my employment.

I understand and agree that my employment with the Company is entered into voluntarily and does not create a contractual agreement. I may resign at any time and similarly, my employment may be terminated for any reason and at any time without previous notice.

I hereby authorize Wilkens Manufacturing, Inc. to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I release Wilkens Manufacturing, Inc. and any person or organization supplying information to Wilkens Manufacturing, Inc. in connection with such investigation, of and from liability in connection with the furnishing or use of such information.

I voluntarily submit this application having read the above statements.

Applicant Signature _____ Date ____ / ____ / ____

FOR COMPANY USE ONLY

Interview Yes No Date ____ / ____ / ____ Time ____:____
 Date ____ / ____ / ____ Time ____:____

Results of Interview: _____

Hired: Yes No Position: _____ Dept.: _____
 Reports to: _____ Starting Pay \$ _____ per ____ Start Date: ____ / ____ / ____
 Interviewed by _____ Date ____ / ____ / ____ Approved by _____ Date ____ / ____ / ____
 Interviewed by _____ Date ____ / ____ / ____