

Employment Application



Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Today's Date:	<input type="text"/>
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	Date Available to Start:	<input type="text"/>

Current Address:	Position Applying For:
<input type="text"/>	<input type="text"/>
<i>Street Address and Apartment/Unit # (if applicable)</i>	<i>I.e. Painter, Welder, Admin/Office</i>
<input type="text"/>	Desired Shift(s): <input type="text"/>
<i>City, State and ZIP Code</i>	

Mailing Address:	
<input type="text"/>	<input type="text"/>
<i>Street / P.O. Box, if different than current address (listed above)</i>	<i>City, State and ZIP Code</i>

Phone: (<input type="text"/>) <input type="text"/> - <input type="text"/>	E-mail Address: <input type="text"/>
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Are you legally eligible to work in the United States? YES NO

Have you ever worked for this company? YES NO If yes, when?

How did you hear about Chapter 2? By a current/former employee? Comments:

Employment Information
*Please print clearly, filling out your employment history for the past three employers, with your current/most recent employer first.
 Complete every field possible; resumes are accepted but do NOT "replace" this section.*

First Employment

Company:	Job Title:
<input type="text"/>	<input type="text"/>
Address:	Dates of Employment: From: <input type="text"/> (mo) / <input type="text"/> (year) To: <input type="text"/> (mo) / <input type="text"/> (year)
<input type="text"/>	Starting Pay: \$ <input type="text"/> End Pay: \$ <input type="text"/>
Responsibilities: <input type="text"/>	Name, Title & Phone No. of Supervisor: <input type="text"/> (<input type="text"/>) <input type="text"/>
May we contact this employer/supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for Leaving: <input type="text"/>

Second Employment

Company:	Job Title:
<input type="text"/>	<input type="text"/>
Address:	Dates of Employment: From: <input type="text"/> (mo) / <input type="text"/> (year) To: <input type="text"/> (mo) / <input type="text"/> (year)
<input type="text"/>	Starting Pay: \$ <input type="text"/> End Pay: \$ <input type="text"/>
Responsibilities: <input type="text"/>	Name, Title & Phone No. of Supervisor: <input type="text"/> (<input type="text"/>) <input type="text"/>
May we contact this employer/supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for Leaving: <input type="text"/>

Third Employment

Company:	Job Title:
<input type="text"/>	<input type="text"/>
Address:	Dates of Employment: From: <input type="text"/> (mo) / <input type="text"/> (year) To: <input type="text"/> (mo) / <input type="text"/> (year)
<input type="text"/>	Starting Pay: \$ <input type="text"/> End Pay: \$ <input type="text"/>
Responsibilities: <input type="text"/>	Name, Title & Phone No. of Supervisor: <input type="text"/> (<input type="text"/>) <input type="text"/>
May we contact this employer/supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for Leaving: <input type="text"/>

Education

High School:	<input type="text"/>	Address:	<input type="text"/>
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: <input type="text"/>
College/Tech.:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: <input type="text"/>
Other:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: <input type="text"/>
Additional achievements, classes taken and/or certificates/awards received, related to the position you are applying for:			
<input type="text"/>			
<input type="text"/>			

References

Please list three professional references (not relatives or friends).

<i>First Reference</i>			
Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
		Years known:	<input type="text"/>
Company:	<input type="text"/>	Phone:	(<input type="text"/>) <input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>		
<i>Second Reference</i>			
Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
		Years known:	<input type="text"/>
Company:	<input type="text"/>	Phone:	(<input type="text"/>) <input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>		
<i>Third Reference</i>			
Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
		Years known:	<input type="text"/>
Company:	<input type="text"/>	Phone:	(<input type="text"/>) <input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>		

Please complete any of the following that apply and use additional paper for other skills, experience, training, etc.:

Equipment: CHECK a box/number for each of the following categories, indicating your knowledge/ability:
(0 refers to **no experience** and 5 would be the **most experience or highest proficiency**)

Vertical Machine Center:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Manual Mill:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Horizontal Machine Center:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Assembly:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Turning Center (Lathe):	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Welding:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Manual Lathe:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Painting:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Software: (0 refers to no experience and 5 would be the most experience or highest proficiency)			
Auto Cad:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	SolidWorks:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
CAM Software:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Inspection: (0 refers to no experience and 5 would be the most experience or highest proficiency)			
Caliper:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Micrometer:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
CMM:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Blue Print Reading:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Disclaimer

Chapter 2, Inc. is an Equal Opportunity Employer. This means that we do not discriminate or base hiring decision on stereotypes and/or assumptions about or against a job applicant because of his or her race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability or genetic information. If a job applicant with a disability needs an accommodation (such as a sign language interpreter) to apply for a job, please notify Chapter 2, Inc.'s Human Resources Department, to provide the accommodation, so long as the accommodation does not cause Chapter 2, Inc. significant difficulty or expense (also known as undue hardship).

Chapter 2, Inc. will require a drug screen "post-offer" which is necessary and related to safety on the job.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in discipline, up to and including termination. I authorize any person, organization or company listed on this application to furnish you and any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

Signature:

Date:

Return completed application to
Chapter 2, Inc.
305 S CP Ave.
Lake Mills, WI 53551

or email application to
Andrea.Lembitz@chap2.com