

Employment Application



Full Name: <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 50px;" type="text"/>			Today's Date: <input style="width: 150px;" type="text"/>	
<i>Last First M.I.</i>			Date Available to Start: <input style="width: 150px;" type="text"/>	
Current Address: <input style="width: 300px;" type="text"/> <i>Street Address and Apartment/Unit # (if applicable)</i> <input style="width: 300px;" type="text"/> <i>City, State and ZIP Code</i>			Position Applying For: <input style="width: 200px;" type="text"/> <i>I.e. Painter, Welder, Admin/Office</i>	
			Desired Shift(s): <input style="width: 200px;" type="text"/>	
Mailing Address: <input style="width: 300px;" type="text"/> <i>Street / P.O. Box, if different than current address (listed above)</i>			<input style="width: 200px;" type="text"/> <i>City, State and ZIP Code</i>	
Phone: (<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>			E-mail Address: <input style="width: 250px;" type="text"/>	
Are you legally eligible to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when? <input style="width: 150px;" type="text"/>				
How did you hear about Chapter 2? By a current/former employee? Comments: <input style="width: 250px;" type="text"/>				
Employment Information				
<i>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.</i>				
First Employment				
Company: <input style="width: 250px;" type="text"/>			Job Title: <input style="width: 200px;" type="text"/>	
Address: <input style="width: 250px;" type="text"/> <input style="width: 250px;" type="text"/>			From: <input style="width: 40px;" type="text"/> (mo) / <input style="width: 40px;" type="text"/> (year)	
			Dates of Employment: To: <input style="width: 40px;" type="text"/> (mo) / <input style="width: 40px;" type="text"/> (year)	
Responsibilities: <input style="width: 250px;" type="text"/>			Starting Pay: \$ <input style="width: 80px;" type="text"/> End Pay: \$ <input style="width: 80px;" type="text"/>	
Name, Title & Phone No. of Supervisor: <input style="width: 250px;" type="text"/>			(<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/>	
May we contact this employer/supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>			Reason for Leaving: <input style="width: 200px;" type="text"/>	
Second Employment				
Company: <input style="width: 250px;" type="text"/>			Job Title: <input style="width: 200px;" type="text"/>	
Address: <input style="width: 250px;" type="text"/> <input style="width: 250px;" type="text"/>			From: <input style="width: 40px;" type="text"/> (mo) / <input style="width: 40px;" type="text"/> (year)	
			Dates of Employment: To: <input style="width: 40px;" type="text"/> (mo) / <input style="width: 40px;" type="text"/> (year)	
Responsibilities: <input style="width: 250px;" type="text"/>			Starting Pay: \$ <input style="width: 80px;" type="text"/> End Pay: \$ <input style="width: 80px;" type="text"/>	
Name, Title & Phone No. of Supervisor: <input style="width: 250px;" type="text"/>			(<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/>	
May we contact this employer/supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>			Reason for Leaving: <input style="width: 200px;" type="text"/>	
Third Employment				
Company: <input style="width: 250px;" type="text"/>			Job Title: <input style="width: 200px;" type="text"/>	
Address: <input style="width: 250px;" type="text"/> <input style="width: 250px;" type="text"/>			From: <input style="width: 40px;" type="text"/> (mo) / <input style="width: 40px;" type="text"/> (year)	
			Dates of Employment: To: <input style="width: 40px;" type="text"/> (mo) / <input style="width: 40px;" type="text"/> (year)	
Responsibilities: <input style="width: 250px;" type="text"/>			Starting Pay: \$ <input style="width: 80px;" type="text"/> End Pay: \$ <input style="width: 80px;" type="text"/>	
Name, Title & Phone No. of Supervisor: <input style="width: 250px;" type="text"/>			(<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/>	
May we contact this employer/supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>			Reason for Leaving: <input style="width: 200px;" type="text"/>	

Education			
High School:		Address:	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: <input style="width: 100px;" type="text"/>
College/Tech.:		Address:	
From: <input style="width: 50px;" type="text"/>	To: <input style="width: 50px;" type="text"/>	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: <input style="width: 100px;" type="text"/>
Other: <input style="width: 100px;" type="text"/>		Address:	
From: <input style="width: 50px;" type="text"/>	To: <input style="width: 50px;" type="text"/>	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: <input style="width: 100px;" type="text"/>
Additional achievements, classes taken and/or certificates/awards received, related to the position you are applying for:			
References			
Please list three professional references (not relatives or friends).			
First Reference			
Full Name:	<input style="width: 150px;" type="text"/>	Relationship:	<input style="width: 100px;" type="text"/> Years known: <input style="width: 50px;" type="text"/>
Company:	<input style="width: 150px;" type="text"/>	Phone:	(<input style="width: 30px;" type="text"/>) <input style="width: 100px;" type="text"/>
Address:	<input style="width: 250px;" type="text"/>		
Email:	<input style="width: 250px;" type="text"/>		
Second Reference			
Full Name:	<input style="width: 150px;" type="text"/>	Relationship:	<input style="width: 100px;" type="text"/> Years known: <input style="width: 50px;" type="text"/>
Company:	<input style="width: 150px;" type="text"/>	Phone:	(<input style="width: 30px;" type="text"/>) <input style="width: 100px;" type="text"/>
Address:	<input style="width: 250px;" type="text"/>		
Email:	<input style="width: 250px;" type="text"/>		
Third Reference			
Full Name:	<input style="width: 150px;" type="text"/>	Relationship:	<input style="width: 100px;" type="text"/> Years known: <input style="width: 50px;" type="text"/>
Company:	<input style="width: 150px;" type="text"/>	Phone:	(<input style="width: 30px;" type="text"/>) <input style="width: 100px;" type="text"/>
Address:	<input style="width: 250px;" type="text"/>		
Email:	<input style="width: 250px;" 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