

Application Number \_\_\_\_\_

# MANITOWOC TOOL & MACHINING, LLC. EMPLOYMENT APPLICATION

4211 Clipper Drive, Manitowoc, Wisconsin 54220 • (920) 682-8825 • Fax (920) 682-4299  
Email • [humanresources@mantool.com](mailto:humanresources@mantool.com)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applied for _____		
Date of Application _____		
How did you learn about us? _____		
Advertisement _____	Friend _____	Walk-In _____
Employment Agency _____	Relative _____	Other _____
Last Name _____	First Name _____	Middle Initial _____
Address _____		
City _____	State _____	Zip Code _____
Telephone Number(s) _____ Social Security Number _____		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed an application with us before? Yes \_\_\_\_\_ If Yes, give date \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed with us before? Yes \_\_\_\_\_ If Yes, give date \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes \_\_\_\_\_ No \_\_\_\_\_ Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary \_\_\_\_\_

Are you willing to work night shifts? Yes \_\_\_\_\_ No \_\_\_\_\_ Saturdays? Yes \_\_\_\_\_ No \_\_\_\_\_

Sundays? Yes \_\_\_\_\_ No \_\_\_\_\_ Reasonable effort will be made to accommodate the religious needs of employees.

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if a job requires? Yes \_\_\_\_\_ No \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EMPLOYMENT EXPERIENCE

Start with your present or last job.

Present Employer _____	
Address _____	Phone _____
Dates Employed _____	Job Title _____
Starting Rate/Salary _____	Final Rate/Salary _____
Name and Title of Supervisor _____	May We Contact Supervisor? Yes _____ No _____
Description of Work _____	
Reason for Leaving _____	

Previous Employer _____	
Address _____	Phone _____
Dates Employed _____	Job Title _____
Starting Rate/Salary _____	Final Rate/Salary _____
Name and Title of Supervisor _____	May We Contact Supervisor? Yes _____ No _____
Description of Work _____	
Reason for Leaving _____	

Previous Employer _____	
Address _____	Phone _____
Dates Employed _____	Job Title _____
Starting Rate/Salary _____	Final Rate/Salary _____
Name and Title of Supervisor _____	May We Contact Supervisor? Yes _____ No _____
Description of Work _____	
Reason for Leaving _____	

Previous Employer _____	
Address _____	Phone _____
Dates Employed _____	Job Title _____
Starting Rate/Salary _____	Final Rate/Salary _____
Name and Title of Supervisor _____	May We Contact Supervisor? Yes _____ No _____
Description of Work _____	
Reason for Leaving _____	

# EDUCATION/TRAINING

Check last year of school completed:

Grade School 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

High School 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

College 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Apprenticeship Certificate Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what field \_\_\_\_\_

High School \_\_\_\_\_

Business or Trade \_\_\_\_\_

College \_\_\_\_\_

Degrees Earned \_\_\_\_\_

Scholastic Honors \_\_\_\_\_

State actual months worked on the following machines:

Boring Bar \_\_\_\_\_ mos. Drill Press \_\_\_\_\_ mos. Engine Lathe \_\_\_\_\_ mos. Milling Machine \_\_\_\_\_ mos.

Planer \_\_\_\_\_ mos. CNC Machine \_\_\_\_\_ mos. what type CNC? \_\_\_\_\_

Welding Ability: Stainless Steel \_\_\_\_\_ Fitting \_\_\_\_\_ Lining \_\_\_\_\_ M.I.G. \_\_\_\_\_ Helarc \_\_\_\_\_

Assembly \_\_\_\_\_ mos.

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status): \_\_\_\_\_

Have you ever had any job-related training in the United States Military? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_

References:	Name	Address	Phone	circle one
1.	_____	_____	_____	Personal or Business?
2.	_____	_____	_____	Personal or Business?
3.	_____	_____	_____	Personal or Business?
4.	_____	_____	_____	Personal or Business?

Please read the following carefully before signing this Application Form.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR INTERVIEWER'S USE**

1. Interviewed By/Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Interviewed By/Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Interviewed By/Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hired \_\_\_\_\_ Pending Further Review \_\_\_\_\_ Application on File \_\_\_\_\_

Physical Completed Yes \_\_\_\_\_ No \_\_\_\_\_ Drug Test Completed Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, what position \_\_\_\_\_

Start Date \_\_\_\_\_ Department \_\_\_\_\_

Report To \_\_\_\_\_

Starting Hourly Rate/Salary \_\_\_\_\_

Special Conditions \_\_\_\_\_

Authorized LMC Signature \_\_\_\_\_ Date \_\_\_\_\_