



August Winter & Sons, Inc.
 P.O. Box 1896
 2323 N. Roemer Road
 Appleton, WI 54912-1896

Phone: (920) 739-8881
 Fax: (920) 739-2230

August Winter & Sons, Inc. Application for Employment

Applicants are considered for all positions, and employees are treated equally during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Referral Source:	<input type="checkbox"/> Advertisement	Please Give Name:	
	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="text"/>
	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Friend	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veterans status of applicants. This data is for analysis and affirmative action only. Submission about a handicap is voluntary.

Sex: Male Female

Race/Ethnic Group: White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Other: Vietnam Era Veteran Disabled Veteran Handicapped Individual

Please Print

Date:	Position(s) Applied For:		
First Name:	Middle Initial:	Last Name:	
Address:	Phone:		
City, State, Zip:	Email:		
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give date:	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for work?	
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
Are you laid off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you hold a Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony within the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Are you a veteran of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which branch?			
Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate:			
Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to the maximum capability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate:			

Education

School	Years	Graduate?	Name of School	Course	GPA
Grade School					
High School					
College					
Other					

Please attach high school and college transcripts, if available.

Previous Employers

From	To	Employer	Type of Work	Reason for Leaving

Work Experience

(List Years of Experience)

Steamfitting _____

Sheetmetal _____

Plumbing _____

Engineering _____

Sales _____

Accounting _____

Typing _____

Dictaphone _____

10-Key Data Entry _____

State any additional information you feel may be helpful to us in considering your application:

--

References

Give names, addresses, and telephone numbers of three (3) references who are not related to you:

--

Note: This application is current for six (6) months from the date on this form only. If a new application is not applied for after the expiration of this application, your name will be removed from our list of current job applicants.

Agreement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as well as other pertinent or necessary information to arrive at an employment decision. In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of this company.

Signature of Applicant:	Date:
-------------------------	-------