



**Automated Products, Inc. &  
1812 Karau Drive, Marshfield WI. 54449**

**APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, religion, gender, national origin, age, marital status, current military or veteran status, sexual orientation, the presence of a non-job-related medical condition, handicap, prior criminal conviction, or any other legally protected status.

**(PLEASE PRINT)**

<b>Date Of Application</b> ____/____/____	<b>Shift (mark first choice only):</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>	<b>Position(s) Applied For</b>
How Did You Learn About Us		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Friend – Who? _____	<input type="checkbox"/> Relative	
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	City	State
		Zip
Telephone Number(s)	E-Mail	

Have you been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date _____	
Do you have experience in wood-frame building construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked in a manufacturing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date are you available for work?	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>Proof of Citizenship or Legal Immigration Status will be required at hiring.</i></b>	
Are you available to work:	<input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Summer Full Time
Are you a Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state form/source of transportation. _____	

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## Education

	High School	College / University	Graduate Professional
School Name and location			
Years Completed	9   10   11   12	1   2   3   4	1   2   3   4
Diploma / Degree			
Describe course of study:			

Describe any specialized classes, training, apprenticeship, skills and extra-curricular activities	
Describe any honors you may have received	
Additional information you feel may be helpful to us in considering your application	

## References

Give name, address, telephone number, and relationship of three references that are not related to you and are not previous employers:
1. _____
2. _____
3. _____

Are you physically or otherwise unable to perform the duties of the job which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any job related training? If Yes, please describe below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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# EMPLOYMENT EXPERIENCE

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Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates of Employment Start _____/End _____		Work Performed
Address				
Telephone Number(s)		Hourly Rate Start	Hourly Rate Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates of Employment Start _____/End _____		Work Performed
Address				
Telephone Number(s)		Hourly Rate Start	Hourly Rate Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates of Employment Start _____/End _____		Work Performed
Address				
Telephone Number(s)		Hourly Rate Start	Hourly Rate Final	
Job Title	Supervisor			
Reason for Leaving				

**READ THE FOLLOWING CAREFULLY**

**I authorize Automated Products, Inc. while considering my application for employment, and during the course of my employment, to obtain from any source information about my education, experience, competence, character, medical history or mental health, as it relates to the position for which I applied or in which I may be employed unless otherwise stated in writing.**

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. **I agree that all statements made in this application may be investigated.** I understand that any offer of employment is contingent upon submission and verification of documents of identification and employment eligibility.

I further understand that, if I am hired, my employment is at will. The employer and I have not agreed on any specific period of employment, nor on any specific pay or benefits unless otherwise set forth in a separate written agreement. If employed, I agree to become familiar with policies and to follow the rules of conduct of Automated Products, Inc. and Engineered Building Systems, Inc.

**I understand that, if I am considered for employment, I will be required to undergo and pass a test for the presence of controlled substances and/or alcohol as a condition of employment.**

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization with three days of being hired. This includes but is not limited to social security number and completed W4's.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

I understand and agree to all the above terms and conditions.  Yes  No