

## Application for Employment

### Equal Opportunity Employer

### Human Resources | Wood's Powr-Grip

P.O. Box 368 | Laurel, MT 59044

Phone: 406 628.8231 | Fax: 406 628.5167 | wpg.com

#### Notice to Applicant:

1) DEDCONAL INFORMATION

- 1) All parts of the application must be completed and legible. An UNSIGNED application will not be considered.
- 2) The application must be "signed" either by electronic acceptance of its terms or by hand if submitted in written form.
- 3) The information requested on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment, in compliance state or federal law.
- 4) This employer is committed to making reasonable accommodations for any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please attach a description of the request.
- 5) An applicant who is offered a position, must successfully pass a drug screen test prior to beginning employment.
- 6) Upon starting employment, all applicants must be able to provide acceptable identification to complete the Form I-9, establishing the ability to legally work in the United States.
- 7) Employment at Wood's Powr-Grip is "At Will" insofar as this does not conflict with state or federal law.

T) T EROOMAL INT	ORWATION		
Last Name	First Name	Initial E-mail	
Street Address		Mailing Address	
City	State Zip	Code Primary Phone	Secondary Phone
Date Available	Position Desired		
Can you work? (please complete	e) How did	you learn of this position?	
Full Time (40 hours)		paper Ad Internet	
Part Time (40 flodis)  Part Time (20-29 hours / week)	O MT Jo	ob Service O Job or Caree	r Fair
·	O WPG	Employee Referral / Employee Nan	ne:
Part Time (less than 20 hours)	O Other		
Night Shift	O O O MT Jo	you have relatives currently working	for WPG? O Yes O No
Temporary / Seasonal		es, who are they and what is the rela	
(from to	) " '' '	es, who are they and what is the rela	xttoristrip:
	If re	equired, do you have a valid driv	er's license? Yes No
ш	ave you ever been convid		0 0
		sted of a felotity? Tes O	NO
Date:	Offense:		
2) EDUCATION AN	D TRAINING		
High School Graduate?	City / State	Highest School ex: 12th	n High School
○ Yes ○ No ○ GED		Year Completed	
College	City / State	Course of Study	Degree
Other Educational Institution	City / State	Course of Study	Degree

**NOTICE:** If the position requires a degree, an official transcript verifying the degree is required with the application.

Cortifying Agency	L SKILLS / LICEI	1020	
Certifying Agency	City / State	License / Certificatio	Date Valid Until
Certifying Agency	City / State	License / Certificatio	Date Valid Until
		]	
CLERICAL SKILLS	Typing	O Data Entry	O Ten Key
	speed/accuracy	spe	eed/accuracy (number pa
If applying for a skilled craft job, a	re you a recognized Journey	Level Worker? Yes	○ No
Craft or Trade			Date Received
COMPUTER SKILLS (computer	programs that can be opera	ted proficiently	
MACHINING / TOOL USE SKIL	I S (machines / tools and the type	s of operations that can be done profit	ziently—attach nages as needed)
	(machinice) tools and the type	o or operations that earlies delice prome	normy andorr pages de neededy
4) EMPLOYMENT	EXPERIENCE		
Begin with your present or most r position for which you are applying help you qualify. List each pron	g. Include military service an notion as a separate positi	d any volunteer work which ha	s provided experience that would
and a second sec		A set in a reason in many dialocal Alexandrial In-	
space, you may respond to this same format is followed. This int	· · · · · · · · · · · · · · · · · · ·		questions are answered and the
same format is followed. This in	formation must be comp	pleted even if a resume is s	questions are answered and the
	formation must be comp at you provide on this applica	pleted even if a resume is station is subject to verification.	questions are answered and the submitted.
same format is followed. <b>This int</b> <i>Notice to applicant:</i> Information the  Previous employers may be conta	formation must be comp at you provide on this applica	pleted even if a resume is station is subject to verification.	questions are answered and the submitted.  yer? Yes No
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# 4) EMPLOYMENT EXPERIENCE continued Address City / State / Zip Code Employer Type of Business Dates То Hours / Week Phone Number Immediate Supervisor **Highest Salary** Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving		
Employer	Address	City / State / Zip Code
Type of Business	Dates To	Hours / Week
Dhana Numbar	Immediate Supervisor	Lighart Colony
Phone Number	Immediate Supervisor	Highest Salary
Describe Duties (job title, knowle	edge, skills, abilities required, employees supe	ervised, accomplishments)
· ·		
Reason for Leaving		
<u> </u>		
Employer	Address	City / State / Zin Code
Employer	Address	City / State / Zip Code
	Address  Dates To	City / State / Zip Code  Hours / Week
Employer  Type of Business		
Type of Business Phone Number	Dates To  Immediate Supervisor	Hours / Week  Highest Salary
Type of Business Phone Number	Dates To	Hours / Week  Highest Salary
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Type of Business Phone Number	Dates To  Immediate Supervisor	Hours / Week  Highest Salary
Type of Business  Phone Number  Describe Duties (job title, knowle	Dates To  Immediate Supervisor	Hours / Week  Highest Salary
Type of Business  Phone Number  Describe Duties (job title, knowle	Dates To  Immediate Supervisor	Hours / Week  Highest Salary

### 5) GENERAL INFORMATION

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Moreover, this relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and this company may end the employment relationship at any time, in accordance with applicable law. If employed, the applicant understands that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

### **Applicant Acceptance Statement**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

	further	ur	nderstand	d th	nat i	my	employment	wit	h th	is co	omp	any	shall	be	prob	atio	nary	for	а	period	of	six
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tŀ	nereafte	er, r	my empl	oyr	nent	rel	ationship with	the	com	npan	y is	term	inable	at \	will fo	or an	ıy rea	son	by	either	par	ty.

Applicant (signature)	 Date

### email application to jobs@wpg.com