



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) Please complete this application by typing or printing in ink. Please ensure the application is legible. All parts of the application must be completed. An UNSIGNED application will not be considered.
- 2) The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state or federal law.
- 3) 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.
- 4) An applicant who is offered a position, must successfully pass a drug screen test prior to beginning employment.

1) PERSONAL INFORMATION

Last Name	First Name	Initial	E-mail	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address		Mailing Address		
<input type="text"/>		<input type="text"/>		
City	State	Zip Code	Primary Phone	Secondary Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Available	Position Desired			
<input type="text"/>	<input type="text"/>			
Can you work? (please complete)		How did you learn of this position?		
	Yes No	<input type="radio"/> Newspaper Ad <input type="radio"/> Internet		
Full Time	<input type="radio"/> <input type="radio"/>	<input type="radio"/> MT Job Service <input type="radio"/> Job or Career Fair		
Part Time (more than 20 hours)*	<input type="radio"/> <input type="radio"/>	<input type="radio"/> WPG Employee / Which Employee? <input type="text"/>		
Part Time (less than 20 hours)*	<input type="radio"/> <input type="radio"/>	<input type="radio"/> Other <input type="text"/>		
Four Day Work Week	<input type="radio"/> <input type="radio"/>			
Night Shift	<input type="radio"/> <input type="radio"/>	Do you have relatives currently working for WPG? <input type="radio"/> Yes <input type="radio"/> No		
Temporary	<input type="radio"/> <input type="radio"/>	If yes, who are they and what is the relationship? <input type="text"/>		
Seasonal	<input type="radio"/> <input type="radio"/>	<input type="text"/>		
(from <input type="text"/> to <input type="text"/>)		If required, do you have a valid driver's license? <input type="radio"/> Yes <input type="radio"/> No		
* Please note what hours you are available		Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>		Date <input type="text"/> Offense <input type="text"/>		

2) EDUCATION AND TRAINING

High School Graduate?	High School	Highest School Year Completed	City / State
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> GED	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	City / State	Course of Study	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	City / State	Course of Study	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	City / State	Course of Study	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Certifying Agency	City / State	License / Certification	Date	Valid Until
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Begin with your present or most recent job and list your last four (4) jobs with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not adequate amount of space, you may respond to this section on a separate sheet of paper if all questions are answered and the same format is followed. **This information must be completed even if a resume is submitted.**

☐ Yes ☐ No

Employer	Address		City / State / Zip Code
Type of Business	Dates	To	Hours / Week
Phone Number	Immediate Supervisor		Highest Salary

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4) EMPLOYMENT EXPERIENCE continued

Employer

Address

City / State / Zip Code

Type of Business

Dates

To

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

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

Phone Number

Immediate Supervisor

Highest Salary

Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving

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, and the 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, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

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.

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.

I further understand that my employment with this company shall be probationary for a period of twelve months (or longer in some circumstances), and that at any time during the probationary period and thereafter, my employment relationship with the company is terminable at will for any reason by either party. **I also understand that if I am selected for hire, I must successfully pass a drug screen test prior to beginning employment.**

Employment at Wood’s Powr-Grip is “At Will” if it does not conflict with state or federal law.

Applicant (signature)

Date

email application to jobs@wpg.com