

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

LIST ANY OTHER NAME(S) YOU USED DURING EDUCATION OR EMPLOYMENT

\_\_\_\_\_

AT WHICH LOCATION(S) ARE YOU AVAILABLE TO WORK

Ladysmith, WI     Medford, WI     Park Falls, WI     Other \_\_\_\_\_

WHICH POSITION ARE YOU APPLYING FOR? \_\_\_\_\_

TYPE OF POSITION APPLYING FOR

Full Time     Part Time     Other  
 1st Shift     2nd Shift     3rd Shift

HAVE YOU BEEN EMPLOYED AT ANY WEATHER SHIELD LOCATION BEFORE?     No     Yes

Division \_\_\_\_\_ Dates \_\_\_\_\_

Department(s) \_\_\_\_\_ Supervisor(s) Name: \_\_\_\_\_

DATE AVAILABLE TO BEGIN WORK \_\_\_\_\_ ANNUAL SALARY REQUIREMENT \_\_\_\_\_

HOW WERE YOU REFERRED TO WEATHER SHIELD? Please check all that apply.

Newspaper     Job Center     Friend/Relative     Radio     Internet ( List Site) \_\_\_\_\_  
 Employee of the Schield Family Brands (Name) \_\_\_\_\_

ARE YOU OF LEGAL AGE TO WORK? (AGE 18 IN PRODUCTION AREA)     No     Yes

ARE YOU PRESENTLY AUTHORIZED TO WORK IN THE U.S. ON A FULL-TIME BASIS?     No     Yes  
(Employment is subject to verification of authorization to work in the U.S.)

ARE YOU UNDER ANY OBLIGATION TO A PREVIOUS EMPLOYER THROUGH A NON-COMPETE, SECRECY, AND/OR INVENTION AGREEMENT, OR OTHERWISE RESTRICTING YOUR ACCEPTANCE OF EMPLOYMENT?

No     Yes

### EMPLOYMENT HISTORY (PLEASE LIST IN CHRONOLOGICAL ORDER)

Please be aware that any false statements, omissions or misleading statements pertaining to work history shall be sufficient cause for denial of employment or termination.

**MOST RECENT EMPLOYER**    **COMPANY NAME** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Full Time     Part Time    Shift \_\_\_\_\_    Average Hours/Week \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ Last Day \_\_\_\_\_

Type of Work/Job Title \_\_\_\_\_

Last Salary \_\_\_\_\_

Name of Supervisor/Extension \_\_\_\_\_

Reason for Leaving (please be detailed)

**NEXT EMPLOYER**    **COMPANY NAME** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Full Time     Part Time    Shift \_\_\_\_\_    Average Hours/Week \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ Last Day \_\_\_\_\_

Type of Work/Job Title \_\_\_\_\_

Last Salary \_\_\_\_\_

Name of Supervisor/Extension \_\_\_\_\_

Reason for Leaving (please be detailed)

**NEXT EMPLOYER**    **COMPANY NAME** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Full Time     Part Time    Shift \_\_\_\_\_    Average Hours/Week \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ Last Day \_\_\_\_\_

Type of Work/Job Title \_\_\_\_\_

Last Salary \_\_\_\_\_

Name of Supervisor/Extension \_\_\_\_\_

Reason for Leaving (please be detailed)

### EDUCATION/OTHER

Please list any skills attained through work or education that you feel are relevant to the position:

### ACADEMIC TRAINING

High School – Graduate    Yes    No    Equivalency

College/Technical School - Graduate    Yes    No

List College/Technical Degree(s) Acquired (include school degree was attained from)

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List Colleges/Technical Schools Attended (may not have graduated)

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### MILITARY SERVICE/DATES

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Skills Acquired

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### LIST CAREER CERTIFICATIONS

### OTHER SKILLS/INFORMATION:

### LIST COMPUTER PROGRAMS YOU HAVE EXPERIENCE USING (CHECK ALL THAT APPLY)

- MS Windows    MS Word    AutoCAD    Oracle Enterprise/One/JD Edwards  
 MS Excel    MS PowerPoint    AS400    SolidWorks    Timetrak    Direct Route  
 Additional programs you have experience using (Not listed above)

### HAVE YOU EVER BEEN CONVICTED OF A FELONY?

- No    Yes

Note: Convictions or pending charges will not automatically disqualify an applicant from consideration for employment.

### REFERENCES

Please list professional references to contact (not relatives) who are acquainted with your work history

#### REFERENCE ONE

Name \_\_\_\_\_

Occupation/Relationship \_\_\_\_\_

Company City/State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### REFERENCE TWO

Name \_\_\_\_\_

Occupation/Relationship \_\_\_\_\_

Company City/State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### REFERENCE THREE

Name \_\_\_\_\_

Occupation/Relationship \_\_\_\_\_

Company City/State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Company policy prohibits direct supervision of a relative or significant relationship.**

#### AGREEMENT TO INVESTIGATE AND RELEASE:

READ CAREFULLY AND SIGN BELOW FOR CONSIDERATION.

I affirm that the information contained in this application is true, correct, and complete. I understand that any false statements or omissions concerning requested information on this application shall be sufficient cause for denial of employment or summary dismissal. I also understand that my employment at Weather Shield (The Company) is contingent upon satisfactory investigation of my work record and references.

I release from any and all liability all representatives of The Company, for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I further authorize any party having information bearing upon my qualifications for employment to release such information to The Company (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to The Company in good faith and without malice concerning my employment competence, ethics, character, and other qualifications, including otherwise privileged or confidential information.

I understand and acknowledge that in the event I am employed by The Company my employment is not for any specific length of time, but, rather is of an "at will" nature, which means that I may resign at any time and my employer may terminate my employment at any time with or without cause. I understand that no present or future employee handbook, policy manual, work rules or publication constitutes an employment agreement or contract. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is acknowledged in writing signed by both myself and an authorized executive of The Company as applicable.

The Company Drug Testing Policy requires applicants to submit to drug/alcohol screening, and employment is contingent upon successfully passing a test.

**eSignature (enter your full legal name here)** \_\_\_\_\_ **Date** \_\_\_\_\_

Weather Shield is an Equal Opportunity Employer  
Weather Shield is an "At Will" Employer

**SUBMIT**