



Automated Framing Solutions, LLC

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, and sexual orientation, the presence of a non-job-related medical condition, handicap, prior criminal conviction, or any other legally protected status.

CHROME USERS PLEASE DOWNLOAD THIS FORM AND OPEN OUTSIDE OF CHROME (PLEASE PRINT)

Date Of Application ____/____/____		Position(s) Applied For
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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 ever been employed with Automated Products, Inc. or Automated Framing LLC.?	<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 construction industry?	<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?
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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Proof of Citizenship or Legal Immigration Status will be required at hiring.</i>		

Are you available to work:	Permanent Full Time	Summer	Full Time
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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

EMPLOYMENT EXPERIENCE

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				

If you need additional space, please continue on a separate sheet of paper.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize Automated Framing Solutions, LLC 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.

Signature of Applicant

Date

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