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APPLICATION FOR EMPLOYMENT
 AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME: _____ DATE _____

ADDRESS LAST FIRST MIDDLE

STREET CITY STATE ZIP

PHONE NUMBER () _____

CELL PHONE NUMBER () _____ ARE YOU 18 YEARS OR OLDER YES NO

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? YES NO

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license? YES NO

If the job desired requires the use of a commercial driver's license, do you have a valid commercial driver's license? YES NO

EMPLOYMENT DESIRED: (CIRCLE ONE)

FULL TIME: PERM Temporary
 PART TIME: PERM Temporary

POSITION:

DATE YOU CAN START:

WAGE DESIRED:

HAVE YOU EVER WORKED FOR ECC BEFORE? _____ WHEN: _____

EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

Describe any other training you consider relevant to the position for which you are applying _____

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER? _____

EMPLOYER	STREET ADDRESS	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	
	From (Month & Year)	To (Month & Year)
	Last Rate of Pay	

EMPLOYER	STREET ADDRESS	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	
	From (Month & Year)	To (Month & Year)
	Last Rate of Pay	

EMPLOYER	STREET ADDRESS	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	
	From (Month & Year)	To (Month & Year)
	Last Rate of Pay	

EMPLOYER	STREET ADDRESS	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	
	From (Month & Year)	To (Month & Year)
	Last Rate of Pay	

REFERENCES (PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

Your application will not be processed unless you have read and signed the Authorization, Release and Certification on page 4.

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provision of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand this application will be considered inactive after thirty (30) days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated: _____

Applicant's Name (print or type): _____

Applicant's Signature: _____