APPLICATION FOR EMPLOYMENT

Company_	FG PRODUCTS, INC.
Address	3000 Pioneer Ave.
City	Rice Lake, WI 54868

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. HR USE ONLY

Applicant No
Employee No
Company No
Location
Date Employed

Do	cuments Received:
	Resume
	Reference Checks
	Interview Record
	Payroll/Status Change Notice
	Employee Record Card

			Date	
Name	Middle	Last		
Present address		City	State	Zip
Previous address	Chur at	City	State	7:
Telephone Number (•		Zip
Do you have a legal right Are you over the age of 1	1	Inited States?	Yes (proof required)) 🗌 No
	COMPA	ANY EXPERIEN	NCE	
Have you worked for this	s company before?	Dates: From	Month/Year	To
Where?	Rate of Pay.		Position	
Reason for leaving				
		GENERAL		
Are you currently emplo	yed? If not,	when was your la	st day employed?	
Position applying for		🗌 Full Tim	e 🗌 Part Time 🗌	Temporary Seasonal
Who referred you?			Rate of pay ex	pected

EDUCATIONAL BACKGROUND							
Type of School	Name and City	Did You Graduate?	Course or Major				
College							
Technical School							
High School							
Other							

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

. [COMPANY NAME	DATES WORKE		POSITION(S) HELD	
•		FROM	то		
ľ	ADDRESS, CITY, STATE, ZIP				
ľ		DUTIES / I	RESPONSIBIL	ITIES	
	PHONE NO. ()				
ĺ	TYPE OF BUSINESS				
ľ	NAME OF SUPERVISOR	REASON FOR LEAN		i	
ĺ		OUR 🗆 BC	NUS	AMOUNT RECEIVED	WORK
	GROSS per VEAR \$	EAR 🗌 ING	CENTIVES	\$	HOURS:

2	COMPANY	NA
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COMPANY NAME	DATES WORKED	POSITION(S) HELD	
	FROM TO		
ADDRESS, CITY, STATE, ZIP			
	DUTIES / RESPONSIBI	ITIES	
PHONE NO. ()			
TYPE OF BUSINESS			
NAME OF SUPERVISOR	REASON FOR LEAVING	i	
BASE STARTING WAGE HOUR ENDING	OUR 🗆 BONUS	AMOUNT RECEIVED WORK	
GROSS per YEAR \$	EAR 🗌 INCENTIVES	\$ HOURS:	

2	COMPANY NAME		NORKED	POSITION(S) HELD	
3		FROM	то		
	ADDRESS, CITY, STATE, ZIP				
		DUTIES / F	I RESPONSIBIL	ITIES	
	PHONE NO. ()				
	TYPE OF BUSINESS				
	NAME OF SUPERVISOR	REASON F	FOR LEAVING	ì	
	BASE STARTING WAGE ☐ HOUR ENDING ☐ HU GROSS per ☐ YEAR \$ PER ☐ YI		NUS CENTIVES	AMOUNT RECEIVED	WORK HOURS:

Δ	COMPANY NAME	DATES WOR		KED POSITION(S) HELD	
4		FR	ом то		
	ADDRESS, CITY, STATE, ZIP				
		DUT	IES / RESPONSIBIL	ITIES	
	PHONE NO. ()				
	TYPE OF BUSINESS				
	NAME OF SUPERVISOR	REA	SON FOR LEAVING		
	BASE STARTING WAGE HOUR ENDING	DUR		AMOUNT RECEIVED	
	GROSS per	EAR			WORK HOURS:
	INCOME \$YEAR \$YE	-^n		\$	nuuna.

WORK REFERENCES

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY		-		
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:						
Word Processing (WPM)	Data Entry	10 - Key Calculator				
Software Packages:						
Programming Languages:						
Database:						
Manufacturing Equipment:						
Other:						

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date