



WAYNE WIRE CLOTH PRODUCTS, INC  
 WAYNE WIRE AIR BAG COMPONENTS, INC  
 KALKASKA, MI ~ HILLMAN, MI

**EMPLOYMENT APPLICATION**  
 EQUAL OPPORTUNITY EMPLOYER

Complete the entire form. **Incomplete applications will not be considered as legitimate employment inquiries**

DATE OF APPLICATION: \_\_\_\_\_

POSITION OR TYPE OF WORK APPLYING FOR: \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

AVAILABLE FOR:  FULL TIME  PART-TIME  TEMPORARY

CAN YOU WORK ANY SHIFT?  YES  NO  
 CHOOSE PREFERENCE:    1        2        3

CAN YOU WORK WEEKENDS?  YES  NO

MINIMUM SALARY REQUIREMENT PER HOUR / MONTH / YEAR  
 (PLEASE PUT DOLLAR FIGURE)

**YOU MUST COMPLETE THIS SECTION TO BE CONSIDERED**

NAME	LAST	FIRST	MIDDLE	DRIVER LICENSE NUMBER AND STATE
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ADDRESS	STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (        )
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U.S. CITIZEN?  YES  NO    CAN YOU LEGALLY BE EMPLOYED IN THE U.S.?  YES  NO

HAVE YOU EVER APPLIED AT THIS CORPORATION OR ANY OF ITS AFFILIATED COMPANIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN EMPLOYED BY THIS CORPORATION OR ANY OF ITS AFFILIATED COMPANIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE WHERE AND WHEN:
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WHO REFERRED YOU TO THIS CORPORATION? IDENTIFY BY NAME	EMPLOYEE _____	SELF _____	REFERRAL _____
	NEWSPAPER _____	AGENCY _____	OTHER _____

HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE: _____ DESCRIBE: _____	HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, GIVE DETAILS)
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MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH: _____ FROM/TO: _____	MEMBER OF RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	SPECIAL MILITARY TRAINING RECEIVED: _____
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BASIC EDUCATION—CIRCLE HIGHEST GRADE COMPLETED 1    2    3    4    5    6    7    8    9    10    11    12	NAME OF LAST SCHOOL ATTENDED
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NAME OF COLLEGE, UNIVERSITY, OR TRADE SCHOOL	COURSE OF STUDY	DATES ATTENDED		YEARS COMPLETED	DEGREES	
		FROM:	TO:		TITLE	DATE

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO  
 LIST ANYONE YOU KNOW WHO IS EMPLOYED HERE: \_\_\_\_\_

ARE YOU A LICENSED MEMBER OF ANY PROFESSION OR TRADE?  YES  NO

KIND OF LICENSE \_\_\_\_\_ STATE \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_ YEAR \_\_\_\_\_

DO YOU HAVE ANY SPECIAL EMPLOYMENT SKILLS? PLEASE LIST: \_\_\_\_\_

YOUR RESPONSES TO THESE QUESTIONS WILL NOT NECESSARILY HAVE ANY AFFECT ON YOUR CHANCES FOR EMPLOYMENT ONLY JOB-RELATED FACTORS WILL BE TAKEN IN ACCOUNT.

## EMPLOYMENT EXPERIENCE

**EMPLOYMENT—START WITH YOUR PRESENT OR LAST POSITION. IF YOU WERE EVER EMPLOYED IN ANY POSITION UNDER A DIFFERENT NAME, PROVIDE THE NAME USED FOR EACH POSITION. ACCOUNT FOR PERIODS OF UNEMPLOYMENT.**

NAME OF PRESENT OR LAST EMPLOYER		SALARY	
		STARTING \$	FINAL \$
STREET NAME		FROM MONTH:      YEAR:	TO MONTH:      YEAR:
CITY & STATE	ZIP CODE	YOUR TITLE	
NAME & TITLE OF SUPERVISOR	PHONE NUMBER	JOB DUTIES	
REASON FOR LEAVING			

NAME OF EMPLOYER		SALARY	
		STARTING \$	FINAL \$
STREET NAME		FROM MONTH:      YEAR:	TO MONTH:      YEAR:
CITY & STATE	ZIP CODE	YOUR TITLE	
NAME & TITLE OF SUPERVISOR	PHONE NUMBER	JOB DUTIES	
REASON FOR LEAVING			

NAME OF EMPLOYER		SALARY	
		STARTING \$	FINAL \$
STREET NAME		FROM MONTH:      YEAR:	TO MONTH:      YEAR:
CITY & STATE	ZIP CODE	YOUR TITLE	
NAME & TITLE OF SUPERVISOR	PHONE NUMBER	JOB DUTIES	
REASON FOR LEAVING			

NAME OF EMPLOYER		SALARY	
		STARTING \$	FINAL \$
STREET NAME		FROM MONTH:      YEAR:	TO MONTH:      YEAR:
CITY & STATE	ZIP CODE	YOUR TITLE	
NAME & TITLE OF SUPERVISOR	PHONE NUMBER	JOB DUTIES	
REASON FOR LEAVING			

**Please list any equipment, machinery or instruments you can operate:**

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**Special Skills/Software Skills:**

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**Specialized Skills: (Check skills/equipment operated)**

\_\_\_\_\_ PC/MAC \_\_\_\_\_ Microsoft Word \_\_\_\_\_ Microsoft Excel \_\_\_\_\_ Microsoft Outlook  
\_\_\_\_\_ Microsoft PowerPoint \_\_\_\_\_ Microsoft Project \_\_\_\_\_ Microsoft Access \_\_\_\_\_ AUTOCAD  
\_\_\_\_\_ Keyboarding WPM

**Other (list)**

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**Other Information**

(You may use this space below to list any other information necessary to answer fully any of the previous questions, or to add additional information about yourself that you wish to be considered).

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**Business References (No Relatives)**

1. \_\_\_\_\_  
(Name) (Associated by) (Phone)  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_  
(Name) (Associated by) (Phone)  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_  
(Name) (Associated by) (Phone)  
\_\_\_\_\_  
(Address)

List any honors and activities (leadership roles, organizations and awards). Please omit any organization or activities that would divulge race, age, ethnic group or religious persuasion.

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All job applicants are subject to testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test result or a diluted or altered specimen will be denied employment.

## EMPLOYMENT AUTHORIZATION

I understand that this application and any attachments are property of Wayne Wire Cloth Products Inc. (WWCPI).

I certify that the statements made by me in this application may cause rejection of the Application of dismissal if such false statement is discovered subsequent to my employment.

Any offer of employment is dependent upon my satisfactorily passing a test for drug usage. Any offer of employment tendered to me is based upon my agreement to abide by the rules and regulations of this Corporation and its affiliated companies.

If I am selected for hire I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

I understand that the Corporation may make an inquiry concerning my character, reputation, personal characteristics and mode of living, as well as my past employment. I hereby release the Corporation and my current and previous employers, as well as their respective agents and employees, from any and all claims arising in any way from their participation in such an inquiry or investigation and I waive any right to receive any notice concerning disclosures made as a part of such inquiry or investigation. I also release the Corporation and the medical/technical testing agencies, as well as their respective agents and employees from any and all claims arising in any way from their administration or use of results from physical examination of me, including any laboratory tests, and I authorize the medical/testing agencies conduction the examination and/or test to report the results thereof to the Corporation, its agents and employees.

I authorize the references listed in this Application for Employment and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/ educational accomplishments, disciplinary information, or any other pertinent information they may have. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to this company. In addition, I hereby waive written notice that employment information is being provided by any person or organization.

I further understand that this application will remain active for a period on thirty (30) days from the date of completion and that I must notify the Corporation in writing at the end of such thirty day period if I wish to re-activate or amend this application.

I understand and agree that any employment obtained with the Corporation shall be at such wages, benefits, hours, and conditions as the Corporation may determine and change from time to time such employment shall be for no definite term and can be terminated by the Corporation at any time, with or without cause, and with or without notice, regardless of the date or period of payment of wages or salary, and regardless of any contrary provisions in any other forms, manuals, handbooks, etc. I understand that no one other than the President of the Corporation has any authority to enter into any agreement for employment for a specified period of time or to make any agreement which is contrary in any way to the foregoing and that such agreement must be in writing and personally signed by me and the President or it shall not be binding.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State and Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim or be forever barred.

It is the policy of this Company to ensure equal opportunity for all qualified employees and applicants for employment without regard to race, color, religion, sex, age, national origin, handicap, or other protected characteristics and positive action shall be taken to insure the fulfillment of this policy.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Email \_\_\_\_\_