

3200 Farber Drive  
Champaign, IL 61820-1084



Phone: 217-384-0072  
Fax: 217-384-8061

**APPLICATION FOR EMPLOYMENT**  
(Equal Opportunity Employer)  
Mail To: PO Box 3969, Champaign, IL 61826

**DATE:** \_\_\_\_\_

**GENERAL**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

If employed and under 18, can you furnish a work permit?  Yes  No

Have you ever been employed by this company?  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

If yes, give name and contact information:

\_\_\_\_\_  
\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No

Type of work desired: \_\_\_\_\_

If applying for a position where driving is required – Do you have a valid driver's license in this state?  Yes  No

License # and expiration: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?  Yes  No

Are you available to work:  FULL-TIME  PART-TIME  OVER-TIME

*This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.*

**EDUCATION**

	Elementary	Secondary	College	Graduate
School Name & Address				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study				

**SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:**

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

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**REFERENCES:**

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability:

Name	Occupation/Relationship	Yrs Known	Telephone

**EMPLOYMENT EXPERIENCE:**

*Please list your most recent employment first.*

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Your Job Position \_\_\_\_\_

Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)

Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

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Reason for Leaving? \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

Yes  No

If hired I will be responsible for familiarizing myself with all rules and regulations of Wagner Machine Company as they presently exist or are later modified.

*If hired, I understand my employment can be terminated, at the discretion of the company or at my option, without notice, at any time, except as specifically stated in a current individual employment agreement, which I have entered into with the company.*

Yes  No

I also understand that no representative of Wagner Machine Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President, Werner Wagner.

Yes  No

I understand this application is not an offer of employment and no promise or representations of employment have been made to me at this time.

Yes  No

By signing below, I authorize Wagner Machine Company to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I further authorize Wagner Machine Company to order one or more consumer reports containing financial, driving record, and/or other information about me from a consumer reporting agency. I understand that the consumer report(s) will be requested and used for the purpose of evaluating me for employment, promotions, transfers, and/or retention as an employee.

**I have read, understand and agree with the above.**

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

\_\_\_\_\_  
Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.*