



Wolkerstorfer Co., Inc.

METAL FINISHERS

348 First Street S.W. New Brighton, MN 55112
Phone 651-636-0720 Fax 651-636-3308
www.wolkerstorfer.us

Thank you for considering working with us.

Our application may be completed electronically or printed and filled out by hand.

To submit your application:

Send an email to Employment.WCI@gmail.com and attach the PDF

- or -

To submit a printed application, drop it off in the front office or send by USPS mail to:

Wolkerstorfer Company, Inc.
348 1st Street SW
New Brighton, MN 55112

Note: If you are going to complete the form electronically:

SAVE the pdf on your computer.

Fill in the form fields.

SAVE the completed application.

Position(s) Applied For: _____

Company Use Only ↗



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To: All Prospective Employees

Re: Chemical Screen Policy

Prior to Employment at Wolkerstorfer Company Inc. we require you to have a pre-placement examination with the physicians at our occupational medicine clinic. As part of the examination we have authorized their staff to collect urine for chemical abuse screening. The procedure employed in this process ensures the integrity of the sample and is designed to comply with medicolegal requirements. The results of this screening are not considered confidential and will be made available to us, the prospective employer.

The results of this testing may affect your employment status if you have a positive result on the drug screening.

I have read and understand the above policy.

If completing electronically: My name, which I have typed below, is my legally binding signature, per Minnesota Statutes, section 325L.07. I swear (or affirm) under penalty of perjury that all of the information I provided on this form is true.

 Signature

 Date

 Name (please print)

EMPLOYMENT APPLICATION

All applicants must be 18 years of age or older. All applicants are subject to physical examination.
 Any falsification of information requested is cause for immediate dismissal. Failure to complete the application may result in rejection of your application.
 Résumés will not be accepted in lieu of completed applications.

Personal Data

(PLEASE PRINT)

NAME: Last	First	Middle Initial	Social Security Number (optional)
ADDRESS: Street			Phone Number (primary) <input type="checkbox"/> Cell <input type="checkbox"/> Home
City	State	Zip Code	Phone Number (alternate) <input type="checkbox"/> Cell <input type="checkbox"/> Home
Email Address			

How did you learn about us?

- Local Paper Walk in Internet (list site _____)
 Relative (list name _____) Friend (list name _____)
 Employment Agency _____ Job Fair School's Career Center

Employment Desired

Position(s) Applying For	Date Available	Desired Salary Range
Are you interested in: <i>(Check all that apply)</i> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer / Seasonal	Shift(s) you are willing to work: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Will you relocate: <input type="checkbox"/> Yes <input type="checkbox"/> No

- Are you currently employed? Yes No
- If yes, may we contact your present employer? Yes No
- Are you currently on "lay-off" status and subject to recall? Yes No
- If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No
- Have you ever filled out an application with us before? Yes No
- If yes, give date _____
- Have you ever been employed with us before: Yes No
- If yes, give date _____ Why did you leave? _____
- Do any of your friends or relatives work here? Yes No
- If yes, list name and relationship _____
- Do you have a valid driver's license? Yes No If no, what is your means of transportation to work? _____
- Are you able to both read and write fluently in English? Yes No
- Are you a citizen of the United States? Yes No
- If no, are you authorized to work in the U.S.? Yes No
- (Proof will be required prior to employment)*
- Best time to contact you is: Morning Afternoon Evening
- And/or between the hours of _____ and _____

Education / Training Record

Check the highest grade completed: 9 10 11 12 GED 2 year degree 4 year degree Masters PhD

	Graduated	Name of School	City / State	Time completed	Course of Study
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade School	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Military	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College (Undergraduate)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Specialized Skills (Check all those that apply)

- Painting, Industrial Anodizing Plating Sand Blasting Masking / Manual Dexterity
 Forklift License HVAC Plumbing Electrical Boiler License _____
 Compressors Welding _____ _____
 Data Entry Word Processing Excel spreadsheets Telephone / Customer Service

List the machines, equipment, etc. that you can operate:

Describe any other specialized training, skills and extra-curricular activities:

Other Data

List professional society memberships (Exclude organizations which indicate race, creed, color, national origin or political affiliation.)		
What school activities have you participated in? (Exclude organizations which indicate race, creed, color, national origin or political affiliation.)		
Have you been an officer in any of the above list of organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which ones?	What office?

Professional References

(Please provide the name of three persons not related to you, whom you have known at least one year)

Name	Address	Phone	Business & Position
1.			
2.			
3.			

Previous Work Experience Please provide a detailed listing of your employment history. (A résumé will NOT substitute for completing this section.)

* Start with your current or most recent job.

1.	Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
	Address			
	City, State, Zip Code	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
	Phone #	\$ _____	\$ _____	
	Job Title	Supervisor		
	Reason for Leaving			

2.	Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
	Address			
	City, State, Zip Code	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
	Phone #	\$ _____	\$ _____	
	Job Title	Supervisor		
	Reason for Leaving			

3.	Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
	Address			
	City, State, Zip Code	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
	Phone #	\$ _____	\$ _____	
	Job Title	Supervisor		
	Reason for Leaving			

4.	Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
	Address			
	City, State, Zip Code	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
	Phone #	\$ _____	\$ _____	
	Job Title	Supervisor		
	Reason for Leaving			

5.	Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
	Address			
	City, State, Zip Code	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
	Phone #	\$ _____	\$ _____	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please attach a separate document.

Employee Agreements

Have you ever signed an agreement relating to inventions or confidential know-how, etc. with a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state company with which the agreement was signed.
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If available, please include a copy of this agreement(s) with this application. It will expedite consideration of your employment. WCI must see any such agreements prior to final consideration of your employment.

Have you ever been convicted of a felony or convicted in a military general court-martial? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NOTE: Criminal record does not constitute an automatic bar to employment.</i>		
If yes, provide date	Nature of conviction	Place (County)
Have you ever had security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type?	Were you ever bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to work Saturday and Sunday if you are needed? <i>NOTE: Religious accommodations will be made if possible.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Acknowledgement and Authorization

I certify that all statements (verbal and written) made on any and all material collected during the hiring process are true, complete and accurate.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In consideration of the company's review of this application, I release the company and all providers of information from any liability as a result of furnishing and receiving this information.

Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information. I hereby waive any privilege I have as to such information.

I understand that employment may be conditioned upon a favorable health evaluation which may include a physical examination by a doctor. I agree to complete a health evaluation form.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the Company for either employment or the provision of any benefits.

The "unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited" in the work place and that violation will subject an employee to disciplinary action up to and including discharge. (In compliance with the Federal Drug Free Workplace Act of 1988)

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false, omission of facts, or misleading information given in my application, resume, or interview(s), may prohibit consideration for employment, and is cause for immediate termination if employed.

I understand, also, that I am required to abide by all rules and regulations of the Employer.

If completing electronically: My name, which I have typed below, is my legally binding signature, per Minnesota Statutes, section 325L.07. I swear (or affirm) under penalty of perjury that all of the information I provided on this form is true.

Signature of Applicant

Date

**Statement of Awareness of Legal Rights of Wolkerstorfer Company Inc.,
its Subsidiaries and/or its Affiliates in Confidential Proprietary Information**
(Confidentiality Agreement)

I, the undersigned applicant, recognize that federal and state law provides that certain information, not generally known and proprietary to Wolkerstorfer Company Inc., its subsidiaries and/or affiliates (Employer), including, but not limited to: books, records, notes and other information relative to customers, their needs and the products used by them: customer lists, supplier lists, manufactures' representatives' lists: product, sales and other performance information: business policies, other confidential or secret information and trade secrets such as formulas, code books, price lists, marketing plans, processes, processing and compounding information, procedures, products, product manuals and equipment, catalogs, art work and format and data applicable to methods of manufacture are confidential property rights of Employer. I understand that these property rights cannot be used by me for my own benefit, directly or indirectly, either during the course of my employment with Employer (if employed by Employer) or thereafter. In addition, I understand that these property rights cannot be disclosed to any individual, firm, corporation, or any other entity unless authorized in writing by Employer. Such unauthorized use of property rights of Employer will be prevented by the courts and will likely result in damages being assessed against all persons violating such rights.

Further, I recognize that certain suppliers and customers of Employer require that Employer hold certain information of that supplier or customer confidential and I agree that I will abide by such agreements made by Employer when I am informed of that agreement.

Moreover, such unauthorized use may constitute the criminal offense of theft.

Also, I recognize that as a condition of my employment with Employer (if employed by Employer), I will communicate and assign only to Employer all art work and format, innovations, suggestions, designs, writings, all novel ideas, concepts, inventions, processes, marketing ideas made or conceived by me, either solely or jointly with others, alone the lines of Employer's business resulting from or suggested by any work which I do for Employer. This condition shall exist during the term of any employment with Employer and one year thereafter.

This does not apply to an invention for which no equipment, supplies, facilities or trade secret information of Employer are used, which was developed entirely on my own time and either which does not result from any work performed by me for Employer or which does not relate either directly to the business of Employer or its actual or demonstrably anticipated research or development.

Further, I recognize that Employer expects that, if employed as a full-time employee, I shall not engage in any outside activities which either directly or indirectly impair or affect my work performance and, further, that Employer discourages the use of my work abilities for any other individual, partnership, corporation or other entity whether or not such entity is or may be a competitor of Employer.

Further, if I apply for a position at a competitor or a potential competitor of Employer, I will inform that competitor or potential competitor of this Statement of Awareness.

My obligations under this Statement of Awareness are in addition to obligations under any other agreement signed by me, whether signed before or after the signing of this Statement of Awareness.

I have read and understand this statement.

If completing electronically: My name, which I have typed below, is my legally binding signature, per Minnesota Statutes, section 325L.07. I swear (or affirm) under penalty of perjury that all of the information I provided on this form is true.

Signature of Applicant

Date

Applicant EEO Data

IMPORTANT – All Applicants Read: To enable us to meet government reporting regulations, applicants are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. **It will not be used as selection criteria and will be treated as personal and confidential.** Your voluntary cooperation will be appreciated.

Name _____ Address _____
Last First Initial City State
Date Applied _____ Position Applied For _____
Date of Birth _____ Male Female Prefer not to say

Ethnic Category (Check one)

American Indian or Alaska Native – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkum and Sri Lanka.

Black - All persons having origins in any of the Black racial groups.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.

White - All persons having origins in any of the peoples of Europe, North Africa or the Middle East.

Prefer not to say.

Do you wish to identify yourself as a handicapped individual, a disabled veteran or a Vietnam era veteran and be considered under our Affirmative Action Plan? Please check the category that applies.

A Qualified Handicapped Individual who 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment and 4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.

A Qualified Disabled Veteran 1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty and 3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability..

A Vietnam Era Veteran 1) a person who a) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b) was released from such active duty for a service-connected disability and 2) a person who was discharged/released within 48 months prior to an alleged violation of the Act and/or of the regulation issued thereunder on July 26, 1976.

Prefer not to say.

What special skills or methods enable you to perform jobs that would otherwise be precluded by your handicap/disability? What accommodations on the part of the Company would enable you to perform the job?

Thank you for completing the application.

***Please make sure you SAVED your document before continuing.**

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