



PO Box 190  
 Manitowoc, WI 54221-0190  
 1-800-242-7695  
 Fax: 920-682-9753

Manitowoc 920-682-7707  
 Appleton 920-730-0333  
 Green Bay 920-499-5298

**NOTICE TO APPLICANTS  
 AND EMPLOYEES**  
 Screening tests for illegal drug use may  
 be required before hiring and during  
 your employment here.

*We are an equal opportunity employer,  
 dedicated to a policy of non-discrimination in  
 employment on any basis including race, creed,  
 color, age, sex, religion or national origin.*

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ U.S. Citizen  Yes  No

Are you related to anyone in our employ? \_\_\_\_\_ Referred By \_\_\_\_\_

Do you have a CDL?  Yes  No Drive Manual Trans?  Yes  No

Do you have a Forklift License?  Yes  No Can you drive a Bobcat?  Yes  No

**EMPLOYMENT DESIRED**

Check which apply:  Summer  Part-Time  Full-Time Have transportation?  Yes  No

Roofing  Sheet Metal  Other \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now?  Yes  No If so, may we inquire of your present employer?  Yes  No

Have you ever applied to this Crafts Inc before?  Yes  No When \_\_\_\_\_

EDUCATION	Name and Location of Schools	Years Attended	Date Graduated	Subjects Studied
Grade School				
High School				
College				

Military Service \_\_\_\_\_ Rank \_\_\_\_\_ Present Membership in  Yes  No  
 National Guard or Reserve

Activities Other Than Religious (Civic, Athletic, Fraternal, etc.) \_\_\_\_\_

**FORMER EMPLOYERS** *list below last four employers, starting with most recent*

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**References** *give below the names of three persons not related to you, whom you have known at least one year*

Name	Address	Business	Years Acquainted

**PHYSICAL RECORD**

Are you on any medication? \_\_\_\_\_

Any physical defects? \_\_\_\_\_

Are you afraid of heights?  Yes  No                      Can you lift 50-75 pounds?  Yes  No

Were you ever injured?  Yes  No    Give Details \_\_\_\_\_

Have you in defects in hearing?  Yes  No                      In Vision?  Yes  No                      In Speech?  Yes  No

In Case of Emergency Notify \_\_\_\_\_  
Name Address Phone Number

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understande and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Date \_\_\_\_\_ Signature \_\_\_\_\_

A signature, electronic or hand-written, is required on your application in order for it to be accepted by Crafts Inc.

You confirm you are the person on this application