



EMPLOYMENT APPLICATION

7641 S 10th St. Oak Creek, WI 53154-1911

National Technologies, Inc. ("NTI") is an EQUAL OPPORTUNITY EMPLOYER and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally recognized protected basis under federal, state or local laws. Applicants with disabilities may be entitled to reasonable accommodation. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on NTI. Please inform Human Resources if you need assistance completing any forms or to otherwise participate in the application process.

Your application will be active for 90 days. If you are not hired during that time but wish to continue to be considered for available positions, you must complete a new application.

INSTRUCTIONS: Please print in INK or TYPE all information clearly. Answer all questions. Mark those questions that do not apply as "N/A." Carefully read the agreement at the end of the application, and sign and date the application where noted.

GENERAL INFORMATION

Full Name _____			Date _____	
FIRST	MIDDLE	LAST		
Address _____			_____	
STREET	CITY	STATE	ZIP CODE	
Contact Number (____)		Date available for work _____		
Alternate Contact Number (____)		E-mail _____		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)				
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)				
How were you referred to NTI? School _____ Advertisement _____ Walk-In _____				
Employment Agency _____ By an employee (provide name) _____ Other _____				
Do you have reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				

POSITION INFORMATION

Position(s) applying for: _____		Hourly Rate/Salary expected: _____	
Applying for:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
Shift(s) applying for:	<input type="checkbox"/> 1 st shift	<input type="checkbox"/> 2 nd shift	<input type="checkbox"/> 3 rd shift

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study, Major, Degree, and/or Certificate
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational, Technical, or Trade School				
Graduate School				
Other (including military training)				

List any work-related certifications licenses you currently possess.

SPECIAL SKILLS

To be completed by applicant for office/clerical work		To be completed by applicant for shop/plant work	
Typing/Data Entry	Words per minute (WPM): _____ Keystrokes per hour (KPH): _____	Type of machines operated	Years of experience
Computer skills	<input type="checkbox"/> Hardware <input type="checkbox"/> Software		
Software Programs	<input type="checkbox"/> Outlook <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel		
Please list other skills and/or equipment/software program experience you have acquired		List other shop/production skills or job related classes:	
		Served apprenticeship <input type="checkbox"/> Yes <input type="checkbox"/> No When served: Type of apprenticeship	

To be completed by applicant for shop/plant work

- Are you able, with or without accommodation, to:
1. Stand for long periods of time? _____
 2. Bend or lift items from floor level? _____
 3. Perform repetitive operations? _____
 4. Grasp, hold or rotate hand held items? _____
 5. Twist, reach or bend in a standing or sitting position?

- Are you familiar with:
1. Statistical Process Control (SPC)? _____
 2. Blueprint reading? _____
 3. Geometric tolerancing? _____
 4. Reporting your production? _____
 5. Production rates? _____

Do you own:

1. Hand tools? _____
 2. Tool Box? _____
 3. Inspection Equipment? _____
- A. What types? _____

BACKGROUND INFORMATION

Have you ever been employed by NTI? Yes No

If yes, when? _____ Name while employed (if changed) _____

Have you ever worked at NTI through an outside agency? Yes No

If yes, when? _____ Name of Agency _____

Are you related to anyone currently employed by NTI? Yes No

Name: _____ Relationship: _____

During the past seven years, have you ever been discharged, suspended or asked to resign from any position?

Yes No If yes, please explain: _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No If yes, specify name. _____

Do you have any pending criminal charges (other than a minor traffic violation) and/or have you ever been convicted of a crime that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest, or expunged juvenile records of conviction or arrest. ***A conviction record does not automatically bar you from employment with NTI and will be considered only as consistent with the Wisconsin Fair Employment Act.***

Yes No Record If yes, please explain. _____

EMPLOYMENT EXPERIENCE

List all previous employers chronologically. Include US military service or training, self-employment, summer and part-time jobs. If more space is required, continue on a separate sheet. **You may attach a resume but must still complete this portion of the application.**

Last or Current Employer _____ Location _____ Your Position _____ Salary/Wage ____ Full-time? ____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____
Employer _____ Location _____ Your Position _____ Salary/Wage ____ Full-time? ____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____
Employer _____ Location _____ Your Position _____ Salary/Wage ____ Full-time? ____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____
Employer _____ Location _____ Your Position _____ Salary/Wage ____ Full-time? ____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____

Please account for any gaps of employment. _____

Have you ever been dismissed or forced to resign from any employment? If yes, please explain. _____

OUTSIDE ACTIVITIES

Professional memberships, certificates, or licenses held
Past and present civic or cultural activities --- Include offices held
Principal hobbies

PROFESSIONAL/WORK REFERENCES

List three professional/work references that we may contact. Do not include anyone you are related to or that you are living with. Preferably, two references should be current or past work supervisors.

Name _____	Telephone No. (____) _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. (____) _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. (____) _____
E-mail Address _____	Type of Acquaintance _____

APPLICANT ACKNOWLEDGEMENT

Please carefully review and initial in acknowledgment below

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed, and it is subsequently discovered by NTI that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that NTI shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application. _____ Initials

I authorize NTI and its representatives to contact my prior employers and all others (with the exception of my current employer, only if I have marked "May we contact?" on page 3 of this application as "No") for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested. _____ Initials

I understand that I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with NTI. _____ Initials

I understand that I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with NTI. (Required for DOT driver positions) _____ Initials

I understand that I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check. _____ Initials

I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or NTI at any time, with or without cause, and with or without notice. _____ Initials

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____ Date _____