



Email to: HR@new-industries.com

Mail to or Drop off:
905 S. Neenah Ave
Sturgeon Bay, WI 54235

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.

EMPLOYMENT APPLICATION

FORM NEW041 REV 3

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			Alt./Emergency Phone #							
Date Available			Social Security No.			Desired Salary				
Position Applying for										
Which shift(s) are you available? _____ 1 st _____ 2 nd _____ 3 rd Which do you prefer?										
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you 18 yrs of age or older?		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever applied to this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
Do you have a valid WI driver's license?		YES <input type="checkbox"/>		NO <input type="checkbox"/>						
EDUCATION										
High School			Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES										
<i>Please list three professional references.</i>										
Full Name			Relationship			Years known:				
Company			Phone ()							
Full Name			Relationship			Years Known:				
Company			Phone ()							
Full Name			Relationship			Years Known:				
Company			Phone ()							

Did an employee of N.E.W. refer you for this job? If yes, Please state his/her name: _____
If not, how did you know we were taking applications, news paper, radio or other: _____

PREVIOUS EMPLOYMENT (PLEASE BEGIN WITH MOST RECENT OR CURRENT JOB)

1.) Company				Phone	()
Job Title				Supervisor	
Salary		\$	Responsibilities:		
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.) Company				Phone	()
Job Title				Supervisor	
Salary		\$	Responsibilities:		
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.) Company				Phone	()
Job Title:				Supervisor	
Salary		\$	Responsibilities:		
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

EXPERIENCE

List machines you have operated:					
Special Skills or Studies?					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that this application will be active for a period of 60 days, after that time, if I wish to be considered for employment I must submit a new application.

Drug Policy Agreement:

N.E.W. Industries, Inc. is committed to protecting the safety, health and well being of all employees as well as other individuals in our workplace and has established a drug/alcohol-free workplace program. I understand that as a condition of employment I will be required to participate in pre-employment, post-accident, reasonable suspicion and follow-up testing upon selection or request of management.

Signature				Date	
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Office Use Only

Approving Manager:	Date:	Salary/Wage:	Start Date: