

## NORTHWOODS MANUFACTURING INC.

## **HEAVY METAL FABRICATORS**

POSITION APPLIED FOR					
Position Title Years of ex		f experience in this field	Social Security # (To be filled out at time of hire.)		of hire.)
PERSONAL INFORMATION					
Name (Last, First, Middle Initial)					_
Address (Street, City, State, Zip Code)					
Home Phone # Cell Pho	one#	Work Phone #	E-mail Address		
Name of someone who knows how to cont			Contact's (rel	ationship to you)	<del></del>
address changes	Contact's Phone #	Contact's (relationship to you)			
How did you find out about this job opening	<b>j</b> ?				
☐ Web Page (identify)		Newspaper/Jo	ournal Ad (identify		
☐ Referral ☐ Job Service/Michig	an works	Other (Please Explain)			
Are you authorized to work in the U.S.? Yes No If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.					
Are you in any way related to a Employee of If yes, indicate the individual's name, relation		lo			
Minimum Acceptable Salary?	Date Available	for Employment?		•	
EDUCATION – List most recent fir	rst (Use suppler	mental sheet if neces	sary)		
Name of Trade,Tech School, or College	Advisor	Date Attended From	Type of Degree	Permits /Licenses	Year
Hours beyond last degree	Subject Concentration	on			

## PROFESSIONAL & COMMUNITY INVOLVEMENT – List most relevant (Use supplemental sheet if necessary)

Name of Organization	Position or Type of Activity	Duration of Involvement From To	Awards/ Recognition Received	Reason for Ending Involve ment

**EMPLOYMENT HISTORY** – List all employment including military and volunteer service **starting with the most current position held**. Show employment history for at least 10 years or from the time you left school. Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/			Position Title		
From:	То:				
Salary			Organization Name/Address		
Start: \$	Final: \$	/Month			
/Month					
	Part-time, hrs/v	vk			
May we contact for refere	ences		Supervisor's Name/Title/Phone:	Reason For Leaving:	
Yes	No				
Duties:					
			,		
Data Sandayad (manth)			I Bearing Tale		
Dates Employed (month/y			Position Title		
From:	year) To:				
From: Salary	To:		Position Title Organization Name/Address		
From: Salary Start: \$		/Month			
From: Salary	To:	/Month			
From: Salary Start: \$ /Month Full-time	To: Final: \$ Part-time, hrs/w		Organization Name/Address		
From: Salary Start: \$ /Month	To: Final: \$ Part-time, hrs/w			Reason For Leaving:	
Salary Start: \$ /Month Full-time May we contact for refere	To: Final: \$ Part-time, hrs/w		Organization Name/Address	Reason For Leaving:	
From: Salary Start: \$ /Month Full-time May we contact for refere	To: Final: \$  Part-time, hrs/wences		Organization Name/Address	Reason For Leaving:	
Salary Start: \$ /Month  Full-time May we contact for referee Yes	To: Final: \$  Part-time, hrs/wences		Organization Name/Address	Reason For Leaving:	
Salary Start: \$ /Month  Full-time May we contact for referee Yes	To: Final: \$  Part-time, hrs/wences		Organization Name/Address	Reason For Leaving:	
Salary Start: \$ /Month  Full-time May we contact for referee Yes	To: Final: \$  Part-time, hrs/wences		Organization Name/Address	Reason For Leaving:	
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Salary Start: \$ /Month  Full-time May we contact for referee Yes	To: Final: \$  Part-time, hrs/wences		Organization Name/Address	Reason For Leaving:	
Salary Start: \$ /Month  Full-time  May we contact for refere	To: Final: \$  Part-time, hrs/wences		Organization Name/Address	Reason For Leaving:	
Salary Start: \$ /Month  Full-time  May we contact for refere	To: Final: \$  Part-time, hrs/wences		Organization Name/Address	Reason For Leaving:	

Dates Employed (mon			Position Title	
From:	То:			
Salary			Organization Name/Address	
Start: \$	Final: \$	/Month		
/Month	<u>, l</u>			
Full-time	_ Part-time, hrs/\	wk		
May we contact for ref	erences		Supervisor's Name/Title/Phone:	Reason For Leaving:
Yes	No			
Duties:				
				*
Dates Employed (mont			Position Title	32
From:	th/year) To:			3:
From: Salary			Position Title Organization Name/Address	3.
From: Salary Start: \$		/Month		<u> </u>
	To:	/Month		
From: Salary Start: \$	To:			
From: Salary Start: \$ /Month	To: Final: \$ Part-time, hrs/v			Reason For Leaving:
From: Salary Start: \$ /Month	To: Final: \$ Part-time, hrs/v		Organization Name/Address	Reason For Leaving:
From: Salary Start: \$ /Month Full-time May we contact for refe	Final: \$  Part-time, hrs/verences		Organization Name/Address	Reason For Leaving:
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From: Salary Start: \$ /Month Full-time May we contact for refe	Final: \$  Part-time, hrs/verences		Organization Name/Address	Reason For Leaving:

**REFERENCES** – At minimum, list current supervisor and/or academic Advisor and two professional/academic references. In addition to work references indicated in the employment history section, the following references may be contacted.'

Name	Type of reference	Occupation	Street an	d City address, zip	Phone/Cell/E-mail
				<u></u>	
	v, please briefly list other ent to an employment dec		our professio	onal background ar	nd career goals which
odala bo portilic	on to air omploymon doc				
Personal Qual	lities List a few things ab	out your self that yo	u feel make	you the type of pers	on we are looking for
r ersonar Quar	intes List a lew tillings ab	out your sen that yo	ou leel make	you trie type or pers	on we are looking for.
may be expecte	ome lines of work you mand to bend, stoop, climb, cand what do you believe	or be on your feet a	ll day. Are yo		
	-				
TRANSPORTA Check the box	TIION ( ) have a vehicle and dr	ive ( )live close to v	work and wall	k()will find a ride	( )Have a way to work
	nil or fax the signed app esume and copies of ac			For more inform	ation, contact us:
N	orthwoods Mfg Inc.			Telephone: 9	906-779-2370

850 East Blvd. Kingsford MI, 49802

<b>PLEASE READ CAREFULLY AND SIGN</b> - I certify that the above statements a omissions) in this application, or its supporting documents, will be sufficient grounds for refutat all rules, orders, and regulations affecting my employment shall constitute a part of my	usal to hire me or termination without notice. I agree
Applicant's Signature	Date
NOTICE OF NONDISCRIMINATION - Per Title VI of the Civil Rights Act of 1964, Title IX of 504 of the Rehabilitation Act of 1973, Northwoods Mfg. does not discriminate on the basis of age, disability, sexual orientation or status as disabled veteran or veteran of the Vietnam En	of race, color, religion, national origin, ancestry, sex,
Please Read Carefully And Sign  At-will Relationship I am aware that If I am offered a position with this company, I will be a terminated by me or the company at any time, With or without cause or notice. I understand President has the authority to enter into any agreement for employment for any special per myself and the president.  Release of records The company may obtain a consumer report in connection with your a employment this report my include information about your education, employment, history, among other things. Your signature below authorizes the company to obtain such a report. a copy of such report, should the company take adverse action against you based on the repre-employment drug screening and physical. I understand that Northwoods holds the based on the results of these test. I understand that I will be responsible for any cost that m tests. I understand that the standards of the tests are set by the Dickinson Occupational Cli	no person other then the company President or Vice iod of time or to make any agreement signed by both pplication for employment or at any time during your criminal record, credit history, and driving record Under the fair Credit Reporting Act you are entitled to eport. I understand fully that I must pass a required right to terminate the employee/employer relationship may be accumulated by these tests if I fail any of the
Applicant's Signature	Date