Manitowoc Tool and Machining, LLC
4211 Clipper Drive
Manitowoc, WI 54220
Phone (920) 682-8825
Fax (920) 684-0476
www.mantool.com

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Apt No. _____

City _____ State _____ Zip _____

Phone Number (Main) _____ Best Time to Call _____

Social Security Number _____ Email Address _____

Date you are available to start: _____ How did you hear about MTM? _____

Preferences		I would Prefer	I would Accept
Shift	1st		
	2nd		
	3rd		
	2nd Wkend		
	3rd Wkend		

Do you have reliable transportation? _____

Minimum pay rate: _____

Position applying for: _____

Preferences:	Yes	No
Repetitive Lifting		
Light lifting (1-12lbs.)		
Medium Lifting (13-30lbs.)		
Heavy Lifting (31-50lbs.)		
Extreme Heavy Lifting (51 + lbs.)		
Prolong Sitting		
Prolonged Standing		
Repetitive Bending		
Repetitive Hand/Eye coordination		
Blue Printing Reading		
Measuring Device Usage		
Basic Shop Math		
Basic Computer Usage		

Education	Name and Location	# of Years Completed	GED? Graduate?	Course of Study	Degree Attained
High School					
College/Tech School					
College/Tech School					
Other					

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give company names. PLEASE GIVE MONTH AND YEAR.

May we contact your present employer (s) Yes ☐ No ☐

Employer Name _____ Employer Phone _____

Address _____

Dates of Employment: _____ Starting Rate/Salary: _____ Final Rate/Salary: _____

Job Description: _____

Reason for Leaving: _____

Employer Name _____ Employer Phone _____

Address _____

Dates of Employment: _____ Starting Rate/Salary: _____ Final Rate/Salary: _____

Job Description: _____

Reason for Leaving: _____

Employer Name _____ Employer Phone _____

Address _____

Dates of Employment: _____ Starting Rate/Salary: _____ Final Rate/Salary: _____

Job Description: _____

Reason for Leaving: _____

Employer Name _____ Employer Phone _____

Address _____

Dates of Employment: _____ Starting Rate/Salary: _____ Final Rate/Salary: _____

Job Description: _____

Reason for Leaving: _____

Are you 18 years of age or older? Yes ☐ No ☐

Have you ever been employed by MTM before? Yes ☐ No ☐

When _____ Position _____ Supervisor _____

Are you currently on "lay-off" satus and subject to recall? Yes ☐ No ☐

Can you travel if the job requires? Yes ☐ No ☐

State actual months worked on the following machines:

Boring Bar _____ Engine Lathe _____ Assembly Experience _____

Drill Press _____ Milling Machine _____

Planer _____ CNC Machine _____ What type of CNC? _____

State any additional information you feel may be helpful to us in considering your application:

_____

_____

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national orgin, age, ancestry, or handicap or other protected characteristics):

_____

_____

List References:

Name _____ Phone _____ Business or Personnel

Name _____ Phone _____ Business or Personnel

Name _____ Phone _____ Business or Personnel

Name _____ Phone _____ Business or Personnel

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes ☐ No ☐ Proof of citizenship or immigration statues will be required upon employment.

Have you ever been convicted of a crime? Yes ☐ No ☐

A conviction will not be an automatic bar from employment, and such a conviction will only be considered as it relates to the duties of the jobs for which you are applying. Per the State of illinios, you are not obligated to disclose sealed or expunged records of conviction or arrest and you may not be asked about such records.

If yes, please list dates and explain the circumstances related to the conviction: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____