



Manitowoc Tool and Machining, LLC

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

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

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			Yes	No	
Shift	1st	I would Prefer	I would Accept		
	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 _____		
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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" status 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 origin, age, ancestry, or handicap or other protected characteristics):

List References:

Name _____ Phone _____ Business OR Personal

Name _____ Phone _____ Business OR Personal

Name _____ Phone _____ Business OR Personal

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

Yes No Proof of citizenship or immigration status 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.

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

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen, as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the president of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the president and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice. I have read, understand and by my signature consent to these statements.

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Signature: _____ Date: _____