Chippewa Brass & Aluminum Foundry LTD. 1350 Halbleib Road Phone: 715-7237049

Chippewa Falls, WI 54729 Fax: 715-723-9303

Web Site: WWW.chippewafoundry.com
Email: cbf@chippewafoundry.com



Personal Information							
Last	First	MI	Email				
Street Address	City	ST Zip		Home Phone	Mobile		
Street Address	City	31 Ζιρ		Home Phone	Mobile		
Are you entitled to work in the U	United States? Yes / No	Are you 18 or older?		If yes, Date of Birth	<u> </u>		
Military Service?	Branch	Are you a veteran? War					
What position are you applying	How did you hear about this position?						
Expected Hourly Rate	Expected Weekly Earnings	Date Available					
Education							
Education							
	ligh School Attended:						
Last High school grade completed:9-10-11-12. Years of College or Trade School completed: 1-2-3-4 more							
Name and Address Colle	ege or Trade school Attended:				·		
Prior Work Experience							
Most recent employer:							
Employer Name (Compa	any):						
Address (city, state & Zip): Position:Position:							
Date Employed (from/month & year): (to/month & year):							
Reason for leaving:							
Supervisor's Name:							
Employer Name (Company):							
	(ip):						
Phone Number: Position:							
Date Employed (from/month & year): (to/month & year):							
Reason for leaving:							
Supervisor's Name:							
Employer Name (Compa	any):						
Address (city, state & Z	(ip):						
	(to/month & year):						
Reason for leaving:							
Supervisor's Name:							

Phone Number	Who they work for?	How you know them?
	Phone Number	Phone Number Who they work for?

I certify that the information on this application is true and correct. I understand that any omission or misrepresentation is grounds to deny employment or end the employment relationship. I understand that a custom report may be requested and may include information as to my character, work habits, credit, academic-credential verification, job performance, experience and reasons for termination. I further understand that Chippewa Brass & Aluminum Foundry (CBF) may request information concerning my motor vehicle operations history, criminal and civil history, in addition to other public records available from various private and public sources. I hereby authorize and release from all liability, without reservation, this Company and any law enforcement agency, administrator, State/Federal agency, institution, information service bureau, employer, employee, company or person gathering or furnishing the above-mentioned information. Any misrepresentation or false statement found during such examination may be sufficient cause to deny employment or end the employment relationship. In consideration of my employment, I agree to conform to the rules and regulations of the Company and understand that my employment can be terminated with or without notice, at any time, at the option of either the Company or myself. This company reserves the right to conduct pre-employment and employment drug testing and I agree to submit to such tests and any other medical test needed to start employment at CBF. I understand that this application will remain active for 30 days from today's date. If I still desire a position with the Company after this application expires, it will be my responsibility to complete a new application.

Print Name:	
Signature:	Date: