



Peerless Chain Company

1416 EAST SANBORN STREET
P.O. BOX 5349
WINONA, MINNESOTA 55987-5349

PHONE 507-457-9100
FAX 507-474-2822

Date _____

APPLICATION FOR FACTORY EMPLOYMENT

TO THE APPLICANT: We appreciate your interest in the Peerless Chain Company and assure you that we are interested in you and the potential you offer. To help provide a clear understanding of your educational background, work experience, and other pertinent factors, please complete all information called for as neatly and thoroughly as possible.

No hiring or employment practice of the Peerless Chain Company in any way discriminates or tends to discriminate against any applicant or employee with regard to race, color, creed, religion, sex, national origin, age, disability, sexual orientation, marital status, eligibility for military service, citizenship status, or mental or physical handicap that does not prevent performance of essential functions of the position(s) for which I am applying as provided by state and federal law.

PERSONAL

(Please Print)

Name _____ Social Security No. _____
Last First Middle (Optional)

Present Address _____
No. Street City State Zip

Telephone No. _____ Cell No. _____ Other No. _____

Positions(s) applied for _____ Full Time _____ Part Time _____ If part time specify what hour/days of week available. _____ Are you 18 years old or older? _____

Are you willing to work rotating shifts (Required by Union Contract)? _____ Hourly rate of pay expected \$ _____

Do you have any relatives working here other than a spouse? _____ If yes, please list name(s) and relationship(s) _____

Can you work required overtime on weekdays and/or weekends? _____

Are you on layoff and subject to recall? _____ If yes, list name and address of employer _____

If your application is considered favorably, when would you be available for work? _____

Have you ever been fired or disciplined by a previous employer? _____ If yes, please explain _____

Have you worked for us before? _____ If yes, when? _____ Position _____

| EDUCATION | Name and Location of School | Course of Study | Circle Last Year Completed | Did You Graduate? | Degree or Diploma |
|-------------|-----------------------------|-----------------|----------------------------|-------------------|-------------------|
| HIGH SCHOOL | | | 1 2 3 4 | | |
| COLLEGE | | | 1 2 3 4 | | |
| VOCATIONAL | | | 1 2 | | |
| OTHER | | | 1 2 3 4 | | |

EMPLOYMENT HISTORY

List below present and past employment, beginning with current (or most recent if not presently employed.)

| 1 | COMPANY NAME, ADDRESS, AND PHONE NUMBER | EMPLOYMENT DATES | | NAME OF SUPERVISOR | TYPE OF WORK | PAY RATE | REASON FOR LEAVING |
|---|--|------------------|------------|------------------------------------|--------------|----------|--------------------|
| | | From | MONTH YEAR | | | | |
| | | To | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| It is understood that we may contact the employers listed above unless you indicate otherwise in the space provided at right. | | | | DO NOT CONTACT | | | |
| | | | | Employer No.(s) _____ Reason _____ | | | |

REFERENCES

List below the names of three persons not related to you, whom you have known at least one year.

| NAME, ADDRESS, AND PHONE NUMBER | OCCUPATION | YEARS ACQUAINTED |
|---------------------------------|------------|------------------|
| | | |
| | | |
| | | |

SPECIALIZED TRAINING

Indicate below the jobs or machines on which you've worked, writing in months or years of experience.

| JOB | LENGTH OF TIME | JOB | LENGTH OF TIME |
|----------------------------|----------------|------------------------------|----------------|
| 1. Assembler | | 16. Machinist | |
| 2. Automotive Mechanic | | 17. Material Handler | |
| 3. Boiler Operator | | 18. Milling Machine | |
| 4. CNC Machine | | 19. Maintenance | |
| 5. Drill Press | | 20. Punch Press | |
| 6. Electrician | | 21. Pickler | |
| 7. Fork Lift Truck | | 22. PLC Controls | |
| 8. Grinder – Rough | | 23. Quality Control | |
| 9. Grinder – Precision | | 24. Shipping/Receiving | |
| 10. Heat Treating | | 25. Stockroom | |
| 11. Inspection - Visual | | 26. Tool Crib | |
| 12. Inspection – Precision | | 27. Tool Maker | |
| 13. Laborer | | 28. Welder – Gas – Acetylene | |
| 14. Lathe – Automatic | | 29. Welder – Arc – Spot | |
| 15. Lathe – Engine | | 30. Other (List Below) | |

MILITARY SERVICE

Were you in the U.S. Armed Forces? _____ Branch _____

Length of service: _____ Rank at Discharge _____

Have you had any specialized training? _____. If YES, describe _____

APPLICANT STATEMENT

I hereby verify that all information provided by me on this application is true and complete to the best of my knowledge. I authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I agree that if any misrepresentation has been made by me or the results of an investigation are not satisfactory for any reason, this will be sufficient cause to cancel any further consideration of this application or, if an employment relationship has been established, immediate discharge from employment whenever it is discovered.

Additionally, I understand that nothing contained in this employment application or in the granting of any interview or in any policies, procedures or handbooks that I might receive is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and the company retains a similar right regarding the discontinuation of my employment.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant

OPTIONAL – Complete Voluntary Disclosure Form regarding Ethnicity, Gender, and Veteran status that is provided as a separate form. This form, which is maintained separately from the applications, is offered to help Peerless comply with EEOC and Affirmative Action regulations.

Date Signed

This application will be maintained in our files for a period of two (2) years. If after two years you still wish to be considered for employment, you are encouraged to fill out another application.

If your address or phone number changes during this time, please contact us indicating the correction.

VOLUNTARY SELF DISCLOSURE FORM

The Peerless Chain Company is an equal employment opportunity employer. In order to comply with EEOC and Affirmative Action regulations, Peerless is required to compile summary data on the gender and ethnicity of its applicants and incumbent employees, as well on Veteran status.

The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by the Office of Human Resources, maintained in separate files and is not used in the determination of hiring decisions, eligibility for promotion, transfer or tenure. Providing this information is **voluntary**, however; the EEOC strongly endorses self-identification of race and ethnic categories, as opposed to visual identification by employers.

Social Security Number or CWID: Name:

Gender: Female Male

Ethnic Origin (Please read the definition below and mark **only one** of the appropriate boxes):

(B) **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

(C) **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(H) **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

(I) **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

(O) **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

(N) I do **not** wish to provide this information to The Peerless Chain Company.

NOTE: Questions on Veteran Status are on the back side of this form.

Veteran Status (Please check all that describe your veteran status):

- SPECIAL DISABLED VETERAN:** Means **(A)** a veteran who is entitled to compensation (or who, but for receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or **(B)** a person who was discharged or released from active duty because of a service-connected disability.

- VIETNAM-ERA VETERAN:** A Vietnam-Era veteran is a person who **(1)** served on active duty for a period of more than 180 days, any part of which occurred between **August 5, 1964 and May 7, 1975**, and was discharged or released with other than a dishonorable discharge; **(2)** was discharged or released from active duty for a service connected disability if any part of such active duty was performed between **August 5, 1964 and May 7, 1975**; or **(3)** served on active duty for more than 180 days and served in the Republic of Vietnam between **February 28, 1961 and May 7, 1975**.

- OTHER PROTECTED VETERAN:** A veteran in one of the following groups: **(A)** veterans who served in a “war”; **(B)** veterans whose service in a campaign or expedition for which a campaign badge has been authorized or an expeditionary medal has been awarded. This includes a number of military engagements.

- RECENTLY SEPERATED VETERAN:** Any veteran who began employment at Insitu within one year of being discharged or released from active duty in the U.S. military, ground, naval or air service.

Latest military discharge date:

Signature

Date

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