



Peerless Chain Company
 1416 East Sanborn Street
 P.O. Box 5349
 Winona, MN 55987

Phone: (507) 457-9100
 Fax: (507) 474-2822

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
 (Application must be completed in full even if attaching a resume.)

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

Please check one Full Time _____ Part Time _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST MIDDLE LAST	SOCIAL SECURITY NUMBER (optional)	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	MESSAGE TELEPHONE #

IF NO PHONE, HOW MAY WE CONTACT YOU?

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? [] YES [] NO IF YES, WHO?

HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE?

[] YES [] NO
 IF YES, WHERE? APPROXIMATE DATE: MO/YR.

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY OR ITS DIVISIONS BEFORE?

[] YES [] NO
 IF YES, WHERE? APPROXIMATE DATE: MO/YR.

HOW WERE YOU REFERRED:

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER? [] YES [] NO

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [] YES [] NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? [] YES [] NO

IF YES, PLEASE EXPLAIN:

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)

PLEASE CHECK SCHEDULE AVAILABILITY :

[] I am available and desire to work FULL-TIME. Full-Time employees must be available for all/rotating shifts.

[] I am available and desire to work PART-TIME

A. I am only available for PART-TIME because:

[] Student [] Other Job [] Other (explain) _____

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE EXPECTED

DATE AVAILABLE FOR WORK?

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1 EMPLOYER	FROM		STARTING SALARY	JOB TITLE
	MO.	YR.		
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES
ADDRESS	TO		ENDING	
	MO.	YR.	SALARY	
CITY, STATE, ZIP			\$	
REASON FOR LEAVING (Please Explain)			NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NUMBER	TYPE OF BUSINESS		MAY WE CONTACT EMPLOYER? [] YES [] NO	
2 EMPLOYER	FROM		STARTING SALARY	JOB TITLE
	MO.	YR.		
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES
ADDRESS	TO		ENDING	
	MO.	YR.	SALARY	
CITY, STATE, ZIP			\$	
REASON FOR LEAVING (Please Explain)			NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NUMBER	TYPE OF BUSINESS		MAY WE CONTACT EMPLOYER? [] YES [] NO	

3 EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
	MO.	YR.			
	NAME OF COMPANY		\$		DESCRIBE YOUR JOB DUTIES
	ADDRESS		ENDING		
MO.	YR.	SALARY			
CITY, STATE, ZIP		\$			
REASON FOR LEAVING (Please Explain)			NAME & TITLE OF IMMEDIATE SUPERVISOR		
PHONE NUMBER	TYPE OF BUSINESS		MAY WE CONTACT EMPLOYER? [] YES [] NO		
4 EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
	MO.	YR.			
	NAME OF COMPANY		\$		DESCRIBE YOUR JOB DUTIES
	ADDRESS		ENDING		
MO.	YR.	SALARY			
CITY, STATE, ZIP		\$			
REASON FOR LEAVING (Please Explain)			NAME & TITLE OF IMMEDIATE SUPERVISOR		
PHONE NUMBER	TYPE OF BUSINESS		MAY WE CONTACT EMPLOYER? [] YES [] NO		
EXPLAIN ANY PERIOD BETWEEN JOBS					
ATTENDANCE AND PUNCTUALITY INFORMATION					
Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? [] YES [] NO					
EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL		MAJOR SUBJECT	GRADUATE	DEGREE
HIGH SCHOOL				9 10 11 12	[] YES [] NO
TECHNICAL COLLEGE				1 2 3 4	[] YES [] NO
COLLEGE				1 2 3 4	[] YES [] NO
GRADUATE SCHOOL				1 2 3 4	[] YES [] NO
TRADE OTHER				1 2 3 4	[] YES [] NO
PERSONAL OR BUSINESS REFERENCES					
Reference 1	NAME		OCCUPATION BUSINESS PHONE		
PHONE NUMBER ()			TITLE/RELATIONSHIP		

Reference 2	NAME	OCCUPATION BUSINESS PHONE
PHONE NUMBER ()		TITLE/RELATIONSHIP
Reference 3	NAME	OCCUPATION BUSINESS PHONE
PHONE NUMBER ()		TITLE/RELATIONSHIP
Reference 4	NAME	OCCUPATION BUSINESS PHONE
PHONE NUMBER ()		TITLE/RELATIONSHIP

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. The company is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application form.

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE:

- Male
- Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian Or Alaska Native
- Two or More races

HOW WERE YOU REFERRED TO THIS JOB:

- School/College
- Advertisement
- Search Firm
- State Job Service
- Government Agency _____
- Walk-In
- Advertisement
- Employee Referral _____
- Other _____

Invitation to Self-Identify Disability or Veteran Status

This employer is an affirmative action employer committed to employing and advancing the employment of qualified persons with disabilities and veterans. If you would like to be included in our affirmative action program, please let us know by completing this survey now or at any time in the future (check all applicable items).

Please note that your response is voluntary. Declining to respond will not subject you to any adverse treatment. Information you provide will be kept confidential, except that (1) supervisors and appropriate administrators may be informed regarding reasonable accommodations or work restrictions; (2) first aid personnel may be informed when, and to the extent appropriate, you have a condition that might require emergency treatment; and (3) certain information may be disclosed if required by a civil rights enforcement agency, regulation, or law.

Your Name: _____ Your Department: _____

- I am neither a veteran nor a person with a disability.**
- I am a person with a disability.** (“Disability” is a physical or mental impairment that substantially limits one or more major life activities.)
- I am a veteran.** Date of discharge or release from active duty: _____
- I am a “special disabled veteran.”** (A veteran who is entitled to compensation by the Veterans Administration for a disability rated at 30% or more, or 10 or 20% under Section 3106 of Title 38 USC covering serious employment handicap, or a person who was discharged or released from active duty because of service-connected disability.)
- I am a “veteran of the Vietnam era.”** (A veteran who served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was honorably discharged or released sooner because of a service-related disability.)
- I am a “recently separated veteran.”** (A veteran for whom less than one year has passed since the date of discharge or release from active duty.)
- I am an “other protected veteran.”** (A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.)

****Answer the following only if you are a current employee or a job offer has been extended.****
Are there accommodations that have been made or need to be made in your present job that would enable you to perform the job properly and safely? If yes, please explain below.