



NORTHERN ENGRAVING

803 South Black River St. | Sparta, WI 54656 | USA

Employment Application

FOR OFFICE USE ONLY:	FOR OFFICE USE ONLY – REMARKS	FOR OFFICE USE ONLY – DIVISION
Date reporting: _____ Badge/Dept./Shift: _____ Employee #: _____		SPARTA

How did you hear about this Job Opening?	
<input type="checkbox"/> Referral/Name: _____	<input type="checkbox"/> On line (Monster, Indeed, etc) <input type="checkbox"/> Billboard <input type="checkbox"/> Radio
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Newspaper <input type="checkbox"/> Job Center <input type="checkbox"/> Facebook <input type="checkbox"/> TV

In accordance with State and Federal law, Northern Engraving Corporation does not discriminate in hiring or employment on the basis of race, color, creed, national origin, ancestry, sex, marital status, age, religion, non-job-related physical or mental handicap, status with regard to public assistance membership in a local commission, or any other legally protected status. Northern Engraving will provide reasonable accommodations to qualified individuals with disabilities in accordance with the American with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise Human Resources via email at humanresources@norcorp.com or phone +1-608-269-6911. Unless the position for which you are applying is part of a bargaining unit represented by a union, your employment relationship with us is "at-will", which means you enter into employment voluntarily, and you are free to resign at any time for any reason. Similarly, Northern Engraving Corporation is free to conclude its relationship with any employee (unless that employee is part of a bargaining unit represented by a union) at any time for any reason or no reason.

Name _____ Date: _____
Last First Middle

Present Address _____
Street City State Zip Code

Phone No.(H) _____ Cell Phone No. _____ Email address _____

Position desired _____ Full time Part time Date you can start: _____

I prefer: <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd shift <input type="checkbox"/> Any shift	<input type="checkbox"/> <i>I understand that if employed I may be required from time to time to work jobs and shifts other than my personal preference.</i>
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Are you 18 years or older? Yes No

Are you legally eligible for employment in the United States? Yes No
(If employed, you will be required to submit verification of your legal right to work in the United States.)

Were you previously employed by us at any of the following divisions? Yes No

- Sparta Waukon Lansing Spring Grove Holmen West Salem
 Galesville La Crosse Enterprise Necal/Adhesive Tool Rooms/Mach. Shop.
- If yes, when?** _____

Reason for leaving: _____



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Educational Background

Type of School	Name and Address	Number of years attended	Graduated	Course of Major
Grammar/Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Dates of employment				Name and address of past Employers	Job Title / Description of work performed	Name of Supervisor	Last salary or hourly rate
From		To		Name _____ Street _____ City _____			
Mo	Yr	Mo	Yr				
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged							
Explain: _____							

Dates of employment				Name and address of past Employers	Job Title / Description of work performed	Name of Supervisor	Last salary or hourly rate
From		To		Name _____ Street _____ City _____			
Mo	Yr	Mo	Yr				
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged							
Explain: _____							

Dates of employment				Name and address of past Employers	Job Title / Description of work performed	Name of Supervisor	Last salary or hourly rate
From		To		Name _____ Street _____ City _____			
Mo	Yr	Mo	Yr				
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged							
Explain: _____							



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State and Federal laws prohibit discrimination against qualified applicants with disabilities who, with or without reasonable accommodation, can perform the functions of the job they are seeking. You may be requested to demonstrate how with or without reasonable accommodation you will be able to perform the specific job-related function for the position you are seeking.

ALL APPLICANTS MUST READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that, any misrepresentation of fact, as stated or implied, given in application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be grounds for dismissal.

I authorize investigation of all statements contained in this application and I understand and agree that all information furnished in this application may be verified by Northern Engraving Corporation or its authorized representative. I release Northern Engraving Corporation from all liability for any damage that may result from utilization of such information. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment information to Northern Engraving Corporation. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give Northern Engraving Corporation all information relative to such verification and hereby release such individuals, organizations and Northern Engraving Corporation from any and all liability for any claim or damage resulting therefrom.

I understand that, to be hired, I will have to promptly provide a urine specimen to be tested for evidence I use marijuana, cocaine, opiates, amphetamines or phencyclidine, and that the test results, and any non-cooperation on my part, will be disclosed to Northern Engraving Corporation. I am agreeing to authorize and cooperate in such testing and the disclosure of my results to the Company.

I understand that, if hired, I am required to abide by all rules and regulations of Northern Engraving Corporation and to comply with all policies and procedures in the employee handbook, and policy and procedure manual or other communications to employees. I further understand that Northern Engraving Corporation handbook, policies and procedures are subject to modification without notice.

I understand that Northern Engraving Corporation is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement is intended to create any contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. I understand that no one other than the Director of Human Resources of the Company has any authority to enter into any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the Director of Human Resources. Unless I am hired into a position that is part of a bargaining unit represented by a union, nothing in this application shall restrict my right as an employee or the right of Northern Engraving Corporation as an employer to terminate my employment at any time.

I hereby acknowledge that I have read and understand the above statement.

Signature

Date

Maryland Applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Massachusetts Applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities. Applicants may include in the work history any verified work performed on a volunteer basis.



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Leyes federales y estatales prohíben la discriminación contra los solicitantes calificados con discapacidad que, con o sin adaptaciones razonables, puede realizar las funciones de trabajo que están buscando. Usted podrá solicitarse para demostrar cómo con o sin acomodación razonable usted será capaz de realizar la función específica relacionada con el trabajo para el puesto que buscas.

TODOS LOS SOLICITANTES DEBEN LEER Y FIRMAR EL PRESENTE DOCUMENTO

La información contenida en esta solicitud es verdadera según mi leal saber y entender. Entiendo que cualquier declaración falsa explícita o implícita de hechos en mi solicitud, entrevista(s) o cualquier otro formulario de empleo puede constituir motivo suficiente para no contratarme y podría constituir motivo suficiente para mi despido.

Entiendo y acepto que toda la información facilitada en esta solicitud debe ser verificada por Northern Engraving Corporation o su representante autorizado. Por la presente renuncio a cualquier derecho que me pudiera asistir de notificación por parte de cualesquiera personas físicas y jurídicas citadas o a las que se haga referencia en esta solicitud antes de la divulgación de información relativa a empleo a Northern Engraving Corporation. Por la presente autorizo a todas las personas físicas que formen parte de las organizaciones citadas o a las que se haga referencia en esta solicitud, así como a cualquier organización encargada de hacer cumplir las leyes, a facilitar a Northern Engraving Corporation toda la información que proceda en relación con dicha verificación y, por la presente, descargo a dichas personas físicas y jurídicas y a Northern Engraving Corporation de toda responsabilidad en relación con cualquier reclamación o daños y perjuicios que resulten de la misma.

Entiendo que, para ser contratado/a, debo proporcionar inmediatamente una muestra de orina para su análisis para la detección de indicios de consumo de marihuana, cocaína, opiáceos, anfetaminas o fenciclidina y que los resultados de dicho análisis, así como cualquier negativo a cooperar por mi parte, serán divulgados a Northern Engraving Corporation. Acepto autorizar y cooperar en dicho análisis y en la divulgación de mis resultados a la Compañía.

En caso de que se me contrite, entiendo que tengo la obligación de cumplir todas las normas de Northern Engraving Corporation así como todos los procedimientos y políticas contenidos en el manual del empleado y manuales de procedimientos y políticas u otros comunicados dirigidos a sus empleados. Entiendo asimismo que dichos manuales, políticas y procedimientos de Northern Engraving Corporation están sujetos a modificación sin previo aviso.

Entiendo que Northern Engraving Corporation no está obligada a darme empleo y que yo no estoy obligado a aceptar dicho empleo. Ninguna parte del contenido de esta solicitud o de cualquier declaración oral o escrita con anterioridad o posterioridad a la misma se entenderá como una pretensión de crear un contrato de empleo o crear derechos bajo la naturaleza de un contrato de empleo. La presente solicitud no tiene fuerza vinculante sobre ninguna de las partes con respecto a la contratación o el empleo por un periodo de tiempo concreto. Entiendo que nadie más que el Presidente de la Compañía tiene autoridad para suscribir acuerdo alguno en sentido contrario a lo anteriormente expuesto, y que en todo caso dicho acuerdo, en caso de existir, debe hacerse constar por escrito y acompañado de la firma del Presidente. En caso de que se me contrite, ninguna parte de la presente solicitud podrá restringir mi derecho como empleado, ni el derecho de Northern Engraving Corporation como empleador, para dar por finalizada en cualquier momento mi condición de empleado.

Por la presente reconozco que he leído y entiendo la declaración que antecede.

Firma del solicitante	Fecha
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