



Charter Manufacturing Company, Inc.

1212 West Glen Oaks Lane
P.O. Box 217
Mequon, WI 53092

Employment Application

*This application expires 60 days
from the date entered below.*

*Send this completed application
to the Attention of Human
Resources at the division of the
position you are applying for.*

Charter Steel - Saukville
1658 Cold Springs Road
Saukville, WI 53080

Charter Automotive
7850 N. 81st Street
Milwaukee, WI 53233

Charter Steel - Cleveland
4300 East 49th
Cuyahoga Heights, OH 44125

Charter Wire
3700 W. Milwaukee Road
Milwaukee, WI 53208

Charter Steel - Fostoria
6255 U.S. 23 North
Rising Sun, OH 43457

PLEASE TYPE OR PRINT

POSITION APPLIED FOR

Position Title:		Date Applied: / /
Position Division: <input type="checkbox"/> Corporate <input type="checkbox"/> Charter Automotive <input type="checkbox"/> Charter Steel <input type="checkbox"/> Charter Wire		
Interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
What shifts are you willing to work? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd Preferred Shift (select one): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		
For positions where it applies, we have 12-hour shifts, holiday, and weekend work - is that a problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>We will attempt to reasonably accommodate an applicant's religious needs, as required by law.</i>		
Desired wage: \$ / hour	Date available to start: / /	
How were you referred? <input type="checkbox"/> Advertisement <input type="checkbox"/> Job Service <input type="checkbox"/> Other <input type="checkbox"/> Employee:		
What led you to apply?		
If you are interested in employment with other Charter Manufacturing divisions, please check the desired location(s): <input type="checkbox"/> Corporate <input type="checkbox"/> Charter Automotive <input type="checkbox"/> Charter Steel <input type="checkbox"/> Charter Wire		

PERSONAL INFORMATION

Last Name:	First Name:	M.I.:
Present Address:		How long? __ yr(s) __ mo(s)
City:	State:	Zip:
Previous Address:		How long? __ yr(s) __ mo(s)
City:	State:	Zip:
Primary Phone: () -	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Birth: / /	
Secondary Phone: () -	Social Security:	
Have you ever been employed by any division of Charter Manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	When:
<i>If yes, reason for leaving:</i>		
Have you previously applied with any division of Charter Manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	When:
Do you have transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are applying for a position that requires you to drive an automobile as a part of your job, complete the following:		
State of Issue:	Drivers License No:	
Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been denied a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>		
Have you ever been convicted, or had a plea of nolo contendere (no contest) for any offense or violation (including felony or misdemeanor) other than minor traffic violations?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>		

No applicant will be denied a position because of a pending criminal charge or conviction for (or plea of nolo contendere to) an offense or violation (whether criminal or otherwise), which Charter Manufacturing Co, Inc. determines is not substantially related to the circumstances of the position(s) sought.

EDUCATION HISTORY

	Name of School	Location	Graduated	Degree/Major	GPA
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/Technical:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-Graduate:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Apprenticeship:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any professional advancement/technical courses or workshops attended:

Are you professionally licensed or registered with any professional group, association, or society relating to the job for which you are applying?

Name of Group:

Registration/License No.:

State:

Date of Expiration: / /

List any additional experiences, skills, and qualifications that you believe relate to the job(s) for which you are applying:

List any activities, academic awards, honorary societies, and distinctions (omit those indicating race, creed, color, sex, or nation of origin):

EMPLOYMENT RECORD

List all present and past employment beginning with the most recent. May we contact your present employer? Yes No

Employer:	Dates Employed: / / to / /
Employer's Address: (street, city, state, zip)	
Employer's Phone: () -	Hourly Rate/Salary: Start: \$
Your Job Title:	Final: \$
Your Supervisor:	Reason for Leaving:
Duties Performed/ Responsibilities:	
Employer:	Dates Employed: / / to / /
Employer's Address: (street, city, state, zip)	
Employer's Phone: () -	Hourly Rate/Salary: Start: \$
Your Job Title:	Final: \$
Your Supervisor:	Reason for Leaving:
Duties Performed/ Responsibilities:	
Employer:	Dates Employed: / / to / /
Employer's Address: (street, city, state, zip)	
Employer's Phone: () -	Hourly Rate/Salary: Start: \$
Your Job Title:	Final: \$

Your Supervisor:		Reason for Leaving:	
Duties Performed/ Responsibilities:			
Employer:		Dates Employed: / / to / /	
Employer's Address: (street, city, state, zip)			
Employer's Phone: () -		Hourly Rate/Salary:	Start: \$
Your Job Title:			Final: \$
Your Supervisor:		Reason for Leaving:	
Duties Performed/ Responsibilities:			

PERSONAL REFERENCES *(no personal friends or family)*

Name:		Job Title:	
Company Name:		Phone Number: () -	
Address: (street, city, state, zip)			
Relationship:		Time Known: year(s)	
Name:		Job Title:	
Company Name:		Phone Number: () -	
Address: (street, city, state, zip)			
Relationship:		Time Known: year(s)	
Name:		Job Title:	
Company Name:		Phone Number: () -	
Address: (street, city, state, zip)			
Relationship:		Time Known: year(s)	

AGREEMENTS

ARE YOU SUBJECT TO ANY EMPLOYMENT AGREEMENT OR EMPLOYMENT TERMINATION AGREEMENT WITH ANOTHER EMPLOYER (INCLUDING BUT NOT LIMITED TO, EMPLOYMENT CONTRACTS, NON-COMPETE AGREEMENTS, AND/OR CONFIDENTIALITY AGREEMENTS)? Yes No *If yes, please attach a complete and accurate copy of each agreement.*

I certify that the facts set forth in this application are true, correct, and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of Charter Manufacturing Company, Inc. and its operation companies for their acts performed in connection with evaluating my application, background, credentials, and qualifications. I hereby further authorize any party (including the companies, schools, and organizations listed in this application form) to release any information they may have about me to Charter Manufacturing Company, Inc., including all of my personnel records with prior employers. I also release all persons, companies, schools, and organizations (and all persons connected with them) who provide such information to Charter Manufacturing Company, Inc. from any and all liability for providing this information. I understand that if any of the information on this application form is discovered to be incorrect, false, or misleading or if there are any misrepresentations or omissions of any kind whatsoever, that Charter Manufacturing Company, Inc. may deny me employment or terminate my employment, and I agree that Charter Manufacturing Company, Inc. shall not be liable in any respect if it does so.

I also understand that my employment at Charter Manufacturing Company, Inc. is contingent on the satisfactory completion of a physical examination which will include a drug screen and an investigation of my work record and references. I consent to a pre-placement physical examination and such future examinations as may be required by Charter Manufacturing Company, Inc., which may include drug screens as required.

I understand that if I am employed by Charter Manufacturing Company, Inc., any such employment is not binding on either party for any specific period of time. I further understand that no representative of Charter Manufacturing Company, Inc., other than the CEO or president, has any authority to enter into agreement for employment for any specified period of time. Any such agreement must be in writing and signed by the CEO or president. I understand that if employed I will be an employee-at-will and that either Charter Manufacturing Company, Inc. or I may terminate that employment relationship at any time, for any reason, with or without notice.

I understand Charter Manufacturing Company, Inc.'s policy of equal employment opportunity without regard to age, race, color, creed, religion, handicap, disability, marital status, sex, sexual orientation, national origin, ancestry, arrest records, status as a disable veteran of the Vietnam era or membership in the National Guard, state defense force, or any other reserve component of the military forces of the United States or Wisconsin, as required by law.

Applicant Signature:	Date: / /
----------------------	-------------------



Charter Manufacturing Company, Inc.

1212 West Glen Oaks Lane
P.O. Box 217
Mequon, WI 53092

**AUTHORIZATION & RELEASE
(CHARTER APPLICANT)**

I am applying for employment with Charter Manufacturing Company, Inc. I voluntarily and knowingly authorize any former employer, person, firm, corporation, school, or government agency, its officers, employees, and agents to release any and all information regarding my former employment to this prospective employer, its officers, employees, and agents, or any other person or entity making a written or oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless such former employer, person, firm, corporation, or government agency, its officers, employers, or agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee, or agent disclosing such facts known are untrue.

This authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this authorization may be used by Charter Manufacturing Company, Inc. and shall be valid as the original.

Applicant Name: _____

Social Security No.: _____

Applicant Signature: _____ **Date:** / / _____

Witness' Signature: _____ **Date:** / / _____