

Application for Employment

Equal Opportunity Employer

Human Resources | Wood's Powr-Grip

P.O. Box 368 | Laurel, MT 59044

Phone: 406 628.8231 | Fax: 406 628.5167 | wpg.com

Notice to Applicant:

- 1) Please complete this application by typing or printing in ink. Please ensure the application is legible. All parts of the application must be completed. An UNSIGNED application will not be considered.
- 2) The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state or federal law.
- 3) This employer is committed to making reasonable accommodations for any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please attach a description of the request.
- 4) An applicant who is offered a position, must successfully pass a drug screen test prior to beginning employment.

1) PERSONAL INFORMATION

1) I Elicoto E Ini origination						
Last Name Street Address City	First Nam State	Mailing Address Zip Code Primary Phone Secondary Phone				
Date Available Can you work? (please complete) Full Time Part Time (more than 20 hours)* Part Time (less than 20 hours)* Four Day Work Week Night Shift Temporary Seasonal (from to * Please note what hours you are		How did you learn of this position? Newspaper Ad				
High School Graduate? High Yes No GED College College	City / State City / State	Highest School Year Completed Course of Study Degree Course of Study Degree Course of Study Degree				
Other	City / State	Course of Study Degree				

NOTICE: If the position requires a degree, an official transcript verifying the degree is required with the application.

3) PROFESSIONAL SKILLS / LICENSES							
Certifying Agency	City / State	License / Certification	Date	Valid Until			
Certifying Agency	City / State	License / Certification	Date	Valid Until			
Certifying Agency	City / State	License / Certification	Date	Valid Until			
CLERICAL SKILLS	Typing speed/accuracy	O Data Entry spec	ed/accuracy	O Ten Key			
If applying for a skilled craft job, a	are you a recognized Journey L	_evel Worker?	○ No				
Craft or Trade			Date Receiv	ed			
COMPUTER SKILLS (computer	programs that can be operate	ed proficiently)					
MACHINING SKILLS (machine	s and the types of operations the	hat can be operated proficient	ly, attach pages	as needed)			
4) EMPLOYMENT EXPERIENCE							
Begin with your present or most recent job and list your last four (4) jobs with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not adequate amount of space, you may respond to this section on a separate sheet of paper if all questions are answered and the same format is followed. This information must be completed even if a resume is submitted.							
Notice to applicant: Information that you provide on this application is subject to verification. Previous employers may be contacted as reference. May we contact your present employer? O Yes							
Employer	Address		City / State / Zip	Code			
Type of Business	Dates	To	Hours / Week				
Phone Number	Immediate Superviso	or	Highest Salary				
Phone Number Describe Duties (job title, knowled)							

4) EMPLOYMENT EXPERIENCE continued **Employer** Address City / State / Zip Code Type of Business **Dates** То Hours / Week Immediate Supervisor Phone Number **Highest Salary** Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments) Reason for Leaving Address City / State / Zip Code **Employer** Type of Business **Dates** То Hours / Week **Phone Number** Immediate Supervisor **Highest Salary** Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments) Reason for Leaving **Employer** Address City / State / Zip Code Type of Business Dates То Hours / Week **Phone Number** Immediate Supervisor **Highest Salary** Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving 09.12.2024 3 of 4

5) GENERAL INFORMATION

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and this company may end the employment relationship at any time, in accordance with applicable law. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with this company shall be probationary for a period of six months (or longer in some circumstances), and that at any time during the probationary period and thereafter, my employment relationship with the company is terminable at will for any reason by either party. I also understand that if I am selected for hire, I must successfully pass a drug screen test prior to beginning employment.

Employment at Wood's Powr-Grip is "At Will" if it does not confli	ct with state or federal	law.
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Applicant (signature)	·	Date

email application to jobs@wpg.com