

OFFICE USE ONLY



Date Reporting:

Dept/Shift:

Employee #:

Badge #:

Division: Sparta

NORTHERN ENGRAVING

Employment Application

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.

Name			Date			
Last		First		Middle		
Present Address						
Street		City		State Zip		
Phone No.			Social Security No.			
Position Desired			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Preferred Shift	<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 understand that if employed I may be required from time to time to work jobs and shifts other than my personal preference						
Date you can start work						
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> 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? Check all that apply.						
<input type="checkbox"/> Sparta <input type="checkbox"/> Waukon	<input type="checkbox"/> Lansing <input type="checkbox"/> Spring Grove	<input type="checkbox"/> Holmen <input type="checkbox"/> West Salem	<input type="checkbox"/> Galesville <input type="checkbox"/> Necal/Adhesive	<input type="checkbox"/> La Crosse <input type="checkbox"/> Enterprise <input type="checkbox"/> Tool Rooms/Machine Shop		
If yes, when?						
Reason for leaving						



NORTHERN ENGRAVING

Employment Application

EDUCATIONAL BACKGROUND				
Type of School	Name and Address	Number of Years Attended	Graduated?	Course or 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	



NORTHERN ENGRAVING

Employment Application

PREVIOUS EMPLOYMENT					
Dates of Employment	Names and Address of Employers	Job Title/Description of Work Performed	Name of Supervisor	Last Salary or Hourly Wage	
From To Mo/Yr Mo/Yr					
Reason for Leaving <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off Explain					
Reason for Leaving <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off Explain					
Reason for Leaving <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off Explain					
Reason for Leaving <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off Explain					

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.



NORTHERN ENGRAVING

Employment Application

ALL APPLICANTS MUST READ AND SIGN BELOW

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

I understand and agree that all information furnished in this application may be verified by Northern Engraving Corporation or its authorized representative. 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 President 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 President. If hired, 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 (If completing online, type your initials and today's date)	Date
---	------



NORTHERN ENGRAVING

Employment Application

Todos los solicitantes deben leer y firmar abajo

La información contenida en esta solicitud es veraz 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 relative 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 a 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 manuals, 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
-----------------------	-------

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name Northern Engraving Corporation Telephone no. 608-269-6911 EIN 90-0782125

Street address 803 South Black River St

City or town, state, and ZIP code Sparta, WI 54656

Person to contact, if different from above Tamara Bingham Telephone no. 608-269-6911 ext 659

Street address 803 South Black River St.

City or town, state, and ZIP code Sparta, WI 54656

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information Was offered job Was hired Started job

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . 6 hr., 27 min. Learning about the law or the form . . . 24 min. Preparing and sending this form to the SWA . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you.

Internal Revenue Service Tax Forms and Publications 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.