

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
* If applying for a driver position and at the above address less than 3 years, please list previous addresses for the past 3 years.		
Address <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Address <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s) (Please indicate best time to call at each)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date: _____	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date: _____	
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, state name and relationship _____	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, may we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work ____ / ____ / ____ What is your desired salary range? _____	
Are you available to work: <input type="checkbox"/> Full Time (Please indicate 1 2 3 shift)	
<input type="checkbox"/> Part Time (Please indicate Mornings Afternoon Evenings)	
<input type="checkbox"/> Temporary (Please indicate dates available ____ / ____ - ____ / ____)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
WE ARE AN EQUAL OPPORTUNITY EMPLOYER	

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If applying for a driver position, you must list previous 3 years of work history.

Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

School	Location	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (specify)				

Comments: Explain any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and office held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected states.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment operated)

___ PC/MAC	___ Drafting	Production Machinery (list)	Other (list)
___ Word Processing	___ AutoCAD	_____	_____
___ Spreadsheet	___ CNC Programming	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

DRIVER EXPERIENCE AND QUALIFICATION *Complete this section only if applying for a driver position.*

Date of Birth _____ (month/day/year) The U.S. Department of Transportation required that driver applicants state their date of birth (§391.21(b)(2))

LICENSES

Drivers licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
- If you answered "yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates:		Approximate Total Miles
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers – LCV's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

I Certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 3 years. If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 3 years.

_____ *Date at certification*

_____ *Applicant's Signature*

APPLICANT DISCLOSURE AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that Creative Laminates, Inc. may utilize the services of a consumer-reporting agency as part of the procedure for processing my application for employment. I also understand that if hired, Creative Laminates, Inc. may obtain further information through subsequent investigations by a consumer-reporting agency so as to update, renew, or extend my employment, or for consideration for reassignment or promotion.

I understand that information obtained from a consumer reporting agency's investigation may include information from the previous seven (7) years. Information obtained may include references, past employment, work habits, education, criminal background, character, general reputation and driving records.

I understand that such information may be obtained by direct or indirect contact by a consumer credit agency with former employers, schools, and public agencies or other persons who may have such knowledge.

I also understand that, pursuant to Fair Credit Reporting Act, 15 U.S.C. 1681a, et seq., (FCRA), before I am denied an assignment, extension, reassignment or promotion of employment, or other benefit of employment, based in whole or in part, on information obtained in the report, Creative Laminates will provide me with a copy of the report and a description in writing of my rights under the FCRA.

I understand that if I disagree with the accuracy of any of the information in the report, I must notify Creative Laminates within five (5) days of my receipt of the report. If I notify Creative Laminates, Inc. that I am challenging information in the report, Creative Laminates, Inc. will not make a final decision on my status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Creative Laminates, Inc. to procure a report of my background as stated above from a consumer-reporting agency.

Name (print): _____ SSN: _____

Signature: _____ Date: _____

WISCONSIN DEVELOPMENT ZONE JOBS TAX CREDIT SCREENING QUESTIONNAIRE

The employer with which you are applying for employment with is in the Wisconsin Community Development Zone Program, and **may be eligible to take a tax credit for hiring individuals from certain groups of applicants.** This form will assist the employer in identifying these individuals. The information you provide will be **used solely to determine eligibility status for the tax credit and will be held in strict confidence.**

PLEASE PRINT

Name of Applicant (First, MI, Last)	Address (Street or Route)	
City, State and Zip Code	County	Note: Residents of a federally designated Enterprise Community are a targeted group.
Telephone Number	Social Security Number	

Dislocated Workers

During the last five years, have you been unemployed due to a plant closing or layoff?.... Yes No
 If Yes, date of layoff (month/year) _____ Years employed on job? _____
 Name of company? _____
 Have you worked for this company before?..... Yes No

Vocational Rehabilitation Referrals

Do you have a disability that is a barrier to employment?..... Yes No
 If yes, what is your counselor's name? _____
 Agency _____ Phone # _____

W2/SSI/General Assistance/Food Stamps

Is your family eligible for the Wisconsin Works (W-2) program (includes payments, food stamps, medical assistance, childcare services)?..... Yes No
 Did you receive Supplemental Security Income benefits during the last 60 days?..... Yes No
 Did you receive General Assistance benefits during the last 60 days?..... Yes No
 Did your family receive food stamps during the last six months?..... Yes No
 Name of caseworker or agency? _____ Phone # _____

(Continue on reverse side.)

Economically Disadvantaged Veterans/Ex-Felons/Youth

Are you an U.S. Armed Forces veteran?..... Yes No

Name of Job Service Veteran's representative? _____

Phone # _____

Were you convicted of a felony and released from prison during the last 5 years?..... Yes No

Name of parole/probation officer? _____

Phone # _____

Are you at least 16 years old but under 23?..... Yes No

If so, date of birth _____ (Include proof of age documentation.)

If you answered "YES" to any of the above three questions, please complete the following section. The form cannot be processed without this information.

Family Size

Enter the number of family members now living in your household, including yourself.... _____

- **Note:** All persons related by blood, marriage or adoption are considered members of a family. Do not include an individual 18 years of age or older who receives less than 50% of their support from the family.

If you are under 18 years old, are you living in a family (household) that received Wisconsin Works (W2) benefits, General Assistance or Supplemental Security Income (SSI)?..... Yes No

Family Income (Read and follow instructions on the next page)

List total income received by all members of the family (household) for the **LAST SIX MONTHS**.

1. Gross wages or salary. Include total money earnings, before deductions, for work performed as an employee..... _____
2. Self-employment income. Include net money income (gross receipts minus expenses). _____
3. If applicant or members of family reside on an operating farm, include net income received from the sale of farm products..... _____
4. Other income. Include money received from rent, social security benefits, OASI (Old Age Survivor's Insurance) and Federal Disability Insurance, pensions, interest, and periodic income from insurance policy annuities..... _____

Total Family (Household) Income... _____

AFFIDAVIT

I understand that by providing this information I may be assisting an employer in receiving a State Tax Credit. I certify that the information provided above is true to the best of my knowledge and that I have no fraudulent intent. I am also aware that the information I have provided is subject to verification. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. Falsification may constitute fraud.

Applicant Signature	Date Signed	Parent or Guardian Counter Signature if applicant is under 18 years of age.	Date Signed
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Include the Following in Determining Family Income for the Past 6 Months:

If a family's only source on income was from wages and salary payments, family income would be equal to gross wages or salary received.

- **Gross Wages or Salary:** The total money earnings received for work performed as an employee. It represents the amount paid **before deductions** for income taxes, social security, bond purchases, union dues, etc. Wages and salaries received by individuals through public service employment and on-the-job training under Workforce Investment Act (W.I.A.) and the Emergency Employment Act of 1971 and Title X of the Public Works and Economic Development Act are **included** in the income computations.

Income earned while on Nation Guard/Army Reserve duty is included because this is not considered active duty.

- **Self-Employment Income:** Net money income (gross receipts minus operating expenses) from a business firm, farm, or other enterprise in which a person is engaged on his/her own account.
- **Other Income:** Money income received from such sources as net rents, interests, social security benefits (OASI), pensions, alimony and periodic income from insurance policy annuities, contests and lotteries, governmental retirement payments and armed forces retirement payments.

Do Not Include the Following in Annual Family Income:

- Non-cash income, such as food stamps or wages received in the form of food or housing.
- Cash value of owner-occupied property.
- Cash welfare payments: Federal, State, or local welfare payments, such as AFDC, SSI, and Foster Care. (Any member of a family receiving welfare payments as a family or through an individual member, is economically disadvantaged. Wards of the state, including foster children, who receive aid from the state or local government shall automatically be considered economically disadvantaged.)
- Payments made to participants of employment and training programs, such as payments for training, work experience, transportation, and dependency allowances, including college or vocational school work study programs.
- Capital gains and losses.
- One-time unearned income, such as the following examples (not intended to be a complete list, but designed to show examples of one-time unearned income.):
 1. Payments received for a limited fixed term under income maintenance programs and supplemental unemployment benefit plans.
 2. One-time (or fixed term) scholarship and fellowship grants.
 3. Accident, health, and casualty insurance proceeds.
 4. Disability and death payments, including fixed-term (but not lifetime) life insurance annuities and death benefits.
 5. One-time awards and gifts.
 6. Inheritances, including fixed-term annuities.
 7. Fixed-term worker's compensation awards.
 8. Terminal leave pay.
 9. Soil bank payments.
 10. Agriculture crop stabilization payments.
 11. Alaska oil trust fund disbursements for economic development
- Social Security Disability Insurance.
- Payments for child support.
- Payments received under the Trade Readjustment Act of 1974 as amended.
- Federal, State, or local unemployment benefits.

Veterans Only – In addition, Do Not Include the Following in Annual Family Income:

The effect of Section 2013, Chapter 42, of Title 38, U.S. Code (P.L. 92-540) Vietnam Era Veteran's Readjustment Assistance Act of 1972 on the definition of economically disadvantaged in calculating family income is to exclude the following:

- Amounts received as pay and allowances by any person while serving on active duty in the armed forces.
- Educational assistance and compensation payments under Chapters 11, 13, 31, 34, 35, and 36 of Title 38, United States Code.

NOTE: Title 38 U.S.C. Chapter references are as follows:

11. Compensation for Services Connected Disability or Death
13. Dependency and Indemnity Compensation for Service-Connected Death
31. Vocational Rehabilitation
34. Veterans' Educational Assistance
35. War Orphans' and Widows' Educational Assistance
36. Administration of Educational Assistance

**WIA INCOME GUIDELINES
FOR DETERMINING ECONOMICALLY DISADVANTAGED INDIVIDUALS**

Poverty Guidelines Effective 2/06/02 (issued 5/01/2002)
70% LLSIL Guidelines Effective 4/09/02 (issued 5/01/2002)

NUMBER IN FAMILY INCLUDING APPLICANT	POVERTY GUIDELINES	70% OF THE LOWER LIVING STANDARD INCOME LEVEL (LLSIL)*		
		A. Metro	B. Non-Metro	C. Mil. SMSA
1	\$8,860	\$7,220	\$6,780	\$7,230
2	\$11,940	\$11,830	\$11,100	\$11,850
3	\$15,020	\$16,250	\$15,240	\$16,270
4	\$18,100	\$20,050	\$18,810	\$20,080
5	\$21,180	\$23,660	\$22,200	\$23,700
6	\$24,260	\$27,670	\$25,960	\$27,720
7	\$27,340	\$31,680	\$29,720	\$31,740
8	\$30,420	\$35,690	\$33,480	\$35,760
9	\$33,500	\$39,700	\$37,240	\$39,780
10	\$36,580	\$43,710	\$41,000	\$43,800
11	\$39,660	\$47,720	\$44,760	\$47,820
12	\$42,740	\$51,730	\$48,520	\$51,840
For each additional family member, add	\$3,080	\$4,010	\$3,760	\$4,020

*The LLSIL may vary according to location in the state:

COLUMN A is for all of the metropolitan areas of the state, **except the Milwaukee Standard Metropolitan Statistical Area.**
*This includes Douglas, Chippewa, Eau Claire, Marathon, La Crosse, Brown, Sheboygan, Outagamie, Winnebago, Calumet, Rock, Dane, *Racine, and Kenosha Counties.*

COLUMN B is for all of the non-metropolitan areas of the state.

COLUMN C is for the Milwaukee-Racine Metropolitan Statistical Area which includes Ozaukee, Washington, Waukesha, and Milwaukee Counties.

Please notice that for some WDAs with both metropolitan and non-metropolitan areas, you will have to use one of two columns, depending on whether the applicant lives in a metropolitan or non-metropolitan area, unless the Workforce Development Board has chosen to use only one, in which case, you must use the lower (non-metro) column.

5/01/02

Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

▶ See separate instructions.

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 _____

Telephone number (____) _____ - _____

If you are under age 25, enter your date of birth (month, day, year) ____/____/____

Work Opportunity Credit

- 1 Check here if you are a Hurricane Katrina employee. Enter the address of your main home on August 28, 2005, and the state and county or parish in which it was located.
- 2 Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.
- 3 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 last 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 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 25 or older and I am a member of a family that:
 - a Received food stamps for the last 6 months **or**
 - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
 - Within the past year, I was convicted of a felony or released from prison for a felony **and** during the last 6 months I was a member of a low-income family.
 - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

Welfare-to-Work Credit

- 4 Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 5 Check here if you are a member of a family that:
- Received TANF payments for at least the last 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 within the last 2 years, **or**
 - Stopped being eligible for TANF payments within the last 2 years because federal or state law limited the maximum time those payments could be made.

All Applicants

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 _____ Telephone no. () - EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. () - _____

Street address _____

City or town, state, and ZIP code _____

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 ____/____/____

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

Check if the individual was not my employee on August 28, 2005 and this is the first time the employee has been hired by me since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed 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. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group or a long-term family assistance recipient. I hereby request a certification that the individual is a member of a targeted group or a long-term family assistance recipient.

Employer's signature ▶ _____ **Title** _____ **Date** ____/____/____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(12) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups and long-term family assistance recipients in securing employment. Routine uses of this form include giving it to the state employment security agency (SESA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group or a long-term family assistance recipient. This form may also be given to the Internal Revenue Service

for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SESA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

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

- Recordkeeping** 5 hrs., 30 min.
- Learning about the law or the form** 24 min.
- Preparing and sending this form to the SESA** 30 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. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

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