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APPLICATION FOR EMPLOYMENT

Select Locations(s)

Or Not Made At All	Rice Lake, WI	Ladysmith, WI	Bayonne, NJ

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

If you prefer to send in the mail, print and send to: Henry Repeating Arms Attn: Hiring Manager 107 W. Coleman Street Rice Lake, WI 54868

Please fill out this application, save the PDF with your name in the title, and attach in an email to: <u>careers@henryusa.com</u>.

Date:	_			
Name: Last:	First:		Middle:	
Street Address:				
City:	St	ate:	Zip Code: _	
Telephone:				
Select position(s) that you are a	pplying for:	Buffer	Assembly	ECB Coater
CNC Machine Operator	CNC Set-up Operator	CNC Technician	Die Cast Operator	Die Cast Trimmer
Inspection/Packing	Receiving/Shipping	General	Any	
Shift Availability (select all that a	apply): Any	1 ^{ST.} 2 ND	3 RD	

If you are being referred by a current Henry employee, please enter their name

EMPLOYMENT HISTORY (List present or most recent employer first)

Employer:	Employment Dates (mo/year):	from	to		
Address:	Positions Held:				
	Reason for leaving:				
Name of Supervisor:	Current or last salary:		May we contact this employer?	Yes	No
Employer:	Employment Dates (mo/year):	from	to		
Address:	Positions Held:				
	Reason for leaving:				
Name of Supervisor:	Current or last salary:		May we contact this employer?	Yes	No
Employer:	Employment Dates (mo/year):	from	to		
Address:	Positions Held:				
	Reason for leaving:				
Name of Supervisor:	Current or last salary:		May we contact this employer?	Yes	No

EDUCATION

School	Name & Location of School	Select last year completed	Major course	Diploma or Degree?
High School:				
College:				
Business or Trade School:		Months attended:		

PERSONAL INFORMATION

If you served in the U.S. Armed Forces, briefly describe skills acquired:

Are you legally authorized to work in the U.S.? (Note: You will be required to furnish documents to verify Act and your employment is contingent upon furnishing su	v your eligibility	No <i>y</i> for employment in accordance with the Immigration Reform and Control		
Are you at least 18 years of age? Yes	No			
Have you ever been convicted of a crime (felony)?	Yes	No (A conviction does not automatically bar you from employment)		
If yes, give details				
If you are an experienced operator of any manufacturing equipment, please list:				
If hired, when would you be available?				

What source led you to make an application with us?

REFERENCES (please list two)

Reference #1	Reference #2
Name:	Name:
Occupation:	Occupation:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:

Please read the following before signing

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.

 Signature:

 Date:
