



Swanstrom Tools USA
 3300 James Day Ave
 Superior, Wisconsin USA 54880-5526
 (800)-287-8872/715-392-9231

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applying for: _____

Preferred Shift: _____

(1st, 2nd, 3rd, Any, Full Time, Part Time, Temporary)

Are you a citizen of the United States? YES NO

If no, are you legally authorized to work in the U.S.? YES NO

Have you ever worked for Swanstrom Tools? YES NO

If yes, when? _____

Are you over 18 years of age? YES NO

Do you have access to a vehicle? YES NO

Do you have a valid driver's license? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature. This means that the Employee may resign at any time and that the Employer may discharge the Employee at any time for any reason or no reason. 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 the CEO 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 that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____