



M-B Companies
 Human Resources Department
 1615 Wisconsin Avenue
 P.O. Box 200
 New Holstein, WI 53061
 800.558.5800

APPLICATION for EMPLOYMENT

Position applying for:	
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APPLICANT INFORMATION

First Name:	Last Name:	Middle Initial:	Date of application:
Street Address:		Apartment/Unit Number:	
City:		State:	ZIP Code:
Phone Number:	Alternate Phone Number:	E-mail Address:	
Date Available:	Desired Salary Range:		
How did you hear of M-B Companies, Inc.?			
If you are under 18 years of age and it is required, can you furnish a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you answered "NO" to the previous question, please explain why.:			
Type of Employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Educational Co-Op			
Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
M-B Companies, Inc., as an equal opportunity employer, makes reasonable accommodations to the known physical or mental limitations of otherwise qualified applicants or employees with a disability.			
Driver's License Number (This information is required, if driving may be required in the job for which you are applying.):			
State of Issuance:			
Are you a legally eligible for employment in this country? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for M-B Companies, Inc.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you answered "YES" to the previous question, please state when:			

This application will remain active for 60 days. If you have not heard from M-B Companies, Inc. within 60 days, it will be necessary to reapply and fill out a new application to be considered for job openings.

To qualify as an applicant, you must specify the exact job or job category for which you are applying in the "Position applying for" box at the top of this page. This application must be filled out in its entirety.

You are not required to furnish any information that is prohibited by federal, state, or local law. M-B Companies, Inc. is committed to providing equal employment opportunity for all employees and applicants for employment. Equal access to employment is available to all qualified persons, and M-B Companies, Inc. does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender, age, national origin, citizenship, disability or any other protected status under applicable federal, state, or local law. Applicants requiring accommodation to the application and/or interview process should notify the Human Resources Department of M-B Companies, Inc.



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PREVIOUS EMPLOYMENT

Company:	Phone Number:
Address:	Name of Supervisor:
Job Title: Start Date: End Date:	Job Responsibilities:
Reason for leaving:	May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Company:	Phone Number:
Address:	Name of Supervisor:
Job Title: Start Date: End Date:	Job Responsibilities:
Reason for leaving:	May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Company:	Phone Number:
Address:	Name of Supervisor:
Job Title: Start Date: End Date:	Job Responsibilities:
Reason for leaving:	May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>



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EDUCATION

High School:	Address:	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:	Address:	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:	Address:	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

REFERENCES

Please list three professional references.

Full Name:	Relationship to Reference:
Company:	Phone:
Full Name:	Relationship to Reference:
Company:	Phone:
Full Name:	Relationship to Reference:
Company:	Phone:



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ACKNOWLEDGMENT AND SIGNATURE

I understand that the acceptance by M-B Companies, Inc. (the "Company") of this application is not an offer of employment and nothing contained in this application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I further understand that, if hired, my employment with the Company will be one on an at-will basis and that either the Company or I may terminate my employment with or without cause and with or without notice at any time. I also understand and agree that the terms and conditions of my employment may be changed by the Company.

I hereby authorize the Company, its representatives, employees, or agents to investigate all statements provided by me in this application, resume, or otherwise provided in connection with the application process. I request and authorize all current and/or former employers, listed references, schools, police departments, law enforcement agencies, financial institutions, departments of motor vehicles, U.S. Citizenship and Immigration Services and other governmental agencies to supply the Company information concerning me and my background. I voluntarily and knowingly fully release and hold harmless any person or entity that provides information pertaining to me or my background. A copy of this authorization is as valid as the original and should be recognized as such.

If I am employed, I agree to abide by all the Company's rules, regulations and policies and to carefully preserve and protect all Company equipment and property and to return the same to the Company upon separation of my employment with the Company or whenever requested by the Company.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States.

I understand that an offer of employment will be contingent upon satisfactorily passing the Company's required controlled substance use screen. I also understand that my failure to cooperate with the Company in connection with a test for a controlled substance, my refusal to participate in a test for a controlled substance or a positive test for use of a controlled substance will result in rejection of my application and/or dismissal from employment.

I certify that the answers and information given by me herein are true and complete to the best of my knowledge. I understand that any misrepresentation, falsification or omission of any kind made by me on this application, or at any time during the hiring process, shall result in rejection of my application, or if hired, my immediate dismissal without any obligation or liability to me other than for payment of services actually rendered to the Company, if any.

Do not sign until you have read the above acknowledgement.

This is not a valid application for employment, unless signed below.

By signing this application, I certify that have read, fully understand, and accept all terms of the foregoing Acknowledgment.

Signature of Applicant:

Date:

The Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, religion, color, sex, sexual orientation, gender, age, national origin, citizenship, disability, or any other protected status under applicable federal, state, or local law.