

JOB SKILLS

Check areas in which you have had training or experience.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> PC Software-(list below) | <input type="checkbox"/> Electrical Repair |
| <input type="checkbox"/> Outside Sales | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Mechanical Repair |
| <input type="checkbox"/> Inside Sales Support | <input type="checkbox"/> Marketing | <input type="checkbox"/> Hydraulic Repair |
| <input type="checkbox"/> Other (indicate below) | | |

Describe the skills and knowledge you have related to the open position: _____

EMPLOYMENT RECORD

(use additional sheet of paper if necessary)

EMPLOYER: Please start with your present job or most recent position	JOB TITLE & WORK PERFORMED	DATES EMPLOYED
Company Name:		From:
Address:		To:
Phone:		
Supervisor's Name:		
Reason for leaving:		
If currently employed here, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name:		From:
Address:		To:
Phone:		
Supervisor's Name:		
Reason for leaving:		
Company Name:		From:
Address:		To:
Phone:		
Supervisor's Name:		
Reason for leaving:		

BUSINESS/WORK REFERENCES (familiar with your job qualifications—no relatives or personal friends)

Reference Name & Company Name	How long known? (minimum of 2 yrs)	Relationship	E-mail Address	Phone

Are there any other names under which you've worked or attended school? Yes No If yes, please list in order that we may use them for reference checking purposes: _____

AUTHORIZATION and RELEASE
Please read carefully before signing this form

The information provided in this Application for Employment is true, correct, and complete. I understand that any false statement, misstatement or omission of fact on this application or provided in any interview may be cause for rejection, or may be cause for subsequent dismissal at any time during employment if I am hired.

I authorize the Company to thoroughly investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, related to my suitability for employment. I authorize all former employers or individuals familiar with me or my employment background to release to Wisconsin Lift Truck Corp. any and all information concerning my background and personal history, and to allow copies to be made of any requested information. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment. I also release the Company from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I authorize the Company to obtain my motor vehicle records if the position I am applying for requires that I drive a motor vehicle (either my personal vehicle or a company owned vehicle). This authorization shall be valid for the length of my employment and I understand motor vehicle reports will be ordered periodically throughout my employment as needed.

I understand that upon receiving a job offer, a physical examination may be required (Note: if this is a job requirement, you will be notified). I understand that if an offer of employment is made to me by the Company that it is conditional upon my passing a drug screen test. I further understand that failure to pass the drug screen will be grounds for rejection of my application for employment or for my termination if already employed prior to the date of the drug screen test. Failure to take the drug screen test will also result in the rejection of my application for employment. I further understand that, as a condition of employment, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance within the meaning of the Controlled Substances Act is prohibited on Company premises or property.

I understand that for certain positions, the Company will require that a criminal background check be performed and/or appropriate credit checks. I understand this type of background check will not be requested unless I am being strongly considered for the position, and that I will be notified and asked to give permission for these types of checks to happen.

Regardless of whether or not I become employed by the Company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the Company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the Company's unless specifically provided otherwise in a written employment contract signed by the Company's CEO or COO. I further understand that no company employee or representative has the authority to enter into a contract regarding duration of terms and conditions of employment other than the Company's CEO or COO, and then only by means of a signed written document.

Signed by Applicant: _____ **Date:** _____

OUR COMMITMENT TO AFFIRMATIVE ACTION

Applications are considered for all positions without regard to race, color, religion, sex, national origin (per Executive Order 11246), disability (per 41 CFR60-741.5(a), and protected veterans (per 41 CFR60-300.5(a).

This application will remain active for ninety (90) days from the date of filing. All applications are maintained in accordance with appropriate governing state and federal regulations. Ability to comply with the requirements of the Immigration & Reform Act of 1985 (IRCA) is required.

OUR MISSION:

“To enable customers’ success through value added solutions, supported by superior service and quality products professionally delivered with a sense of urgency.”


FOR COMPANY USE ONLY

Position interviewed for: _____

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____

DATE APPLICANT IS TO BEGIN WORK: _____ STARTING RATE OF PAY: _____


WOLTERGROUP^{LLC} **Voluntary Self-Identification Survey Form**
Applicant – Affirmative Action Employer

TO ALL APPLICANTS:

Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to do so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

The Wolter Group abides by the requirements of federal laws which prohibit discrimination and require affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with the following legally protected status: race, color, religion, sex, national origin (per Executive Order 11246), disability (per 41 CFR60-741.5(a), and protected veterans (per 41 CFR 60-300.5(a).

PART 1. General Information

Name: Click here to enter text. _____

Position Applied for: Click here to enter text. _____ **Date:** Click here to enter text. ____

PART II: Referral Source: Please indicate how you heard about this opening

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Company website | <input type="checkbox"/> Job Board | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Temp Agency |
| <input type="checkbox"/> Search Firm | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Walk-in | |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> State Employment Agency | |
| <input type="checkbox"/> Other _____ | | | |

PART III: Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
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Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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Race

CHECK ONE: (do not respond if you selected Hispanic or Latino above)	<input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment <input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information
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Please continue to next page to identify veteran status.

PART IV: Protected Veterans:

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran.
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<p>Disabled Veteran</p>	<p>A “disabled veteran” is one of the following:</p> <p>A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or</p> <p>A person who was discharged or released from active duty because of a service-connected disability.</p>
<p>Recently Separated Veteran</p>	<p>A “recently separate veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.</p>
<p>Active Duty Wartime or Campaign Badge Veteran</p>	<p>An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge had been authorized under the laws administered by the Department of Defense.</p>
<p>Armed Forces Service Medal Veteran</p>	<p>An “armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.</p>

<p>CHECK ONE:</p>	<p><input type="checkbox"/> I am a Protected Veteran</p> <p><input type="checkbox"/> I am not a Protected Veteran</p> <p><input type="checkbox"/> I choose not to disclose the information</p>
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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.