

Vermeer - Wisconsin, Inc. APPLICATION FOR EMPLOYMENT

(VERMEER IS AN EQUAL OPPORTUNITY EMPLOYER)

POSITION APPLIED FOR	APPLICATION DATE	APPLICATION DATE								
REFERRED BY	DATE YOU CAN S	START		SALARY DESIRED						
	DATE TOO DATE									
PERSONAL INFORMATION										
LAST NAME		FIRST NAME		MIDDLE INITIAL	MIDDLE INITIAL					
ADDRESS		CITY		STATE ZIP	STATE ZIP					
TELEPHONE		SOCIAL SECURIT	YNUMBER	ARE YOU 18 OR OLDER?	ARE YOU 18 OR OLDER?					
HOME () WORK ()				YES	NO					
	- LIST PRESENT AND FORM									
COMPANY NAME		FROM	то							
ADDRESS		CITY		STATE ZIP						
POSITION HELD	LAST WAGE	DESCRIBE YOUR	WORK							
PER										
SUPERVISOR AND TITLE		REASON FOR LE	REASON FOR LEAVING							
COMPANY NAME		FROM	то	TELEPHONE						
				()						
ADDRESS		CITY		STATE ZIP						
POSITION HELD	LAST WAGE	DESCRIBE YOUR	DESCRIBE YOUR WORK							
	PER									
SUPERVISOR AND TITLE		REASON FOR LE	AVING							
COMPANY NAME		FROM	то							
ADDRESS		CITY		STATE ZIP						
POSITION HELD	LASTWAGE	DESCRIBE YOUR	DESCRIBE YOUR WORK							
	PER									
SUPERVISOR AND TITLE		REASON FOR LE	REASON FOR LEAVING							
COMPANY NAME		FROM	TO	TELEPHONE						
				()						
ADDRESS		CITY		STATE ZIP						
POSITION HELD	LASTWAGE	DESCRIBE YOUR	WORK							
SUPERVISOR AND TITLE		REASON FOR LE	REASON FOR LEAVING							
May we contact the abo	ve employers? YES No	O If "No" , ind	licate which one(s) you do not wish us to	contact.					
MECHANICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES										

Vermeer®



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	EDUC	ATION							
HIGH SCHOOL	YRS COMPLETED	GRADUA	ATE?	COURSE OF STUDY					
		YES	NO						
ADDRESS		CITY			STATE ZIP				
COLLEGE / UNIVERSITY	YRS COMPLETED	GRADUA	ATE?	COURSE OF STUDY	<u>.</u>				
		YES	NO						
ADDRESS		CITY			STATE ZIP				
OTHER	YRS COMPLETED	GRADUA	NO	COURSE OF STUDY	·				
ADDRESS		CITY			STATE ZIP				
	REFE	RENCES							
Give names of three perso		u, whom y	ou have						
NAME	OCCUPATION			YEARS KNOWN	TELEPHÓNE				
ADDRESS		CITY			() ISTATE ZIP				
		CIT							
NAME	OCCUPATION	•		YEARS KNOWN	TELEPHONE				
ADDRESS		CITY			STATE ZIP				
NAME	OCCUPATION			YEARS KNOWN					
ADDRESS		CITY			STATE ZIP				
						_			
	MISCELLANEOU	JS INFURI	VIATIOI	N					
In case of an emergency who would yo	ou like us to notify?	TELEPHONE							
		HOME (ì	١٨	/ORK ()				
ADDRESS		CITY)		STATE ZIP				
APPLICANT'S CERTIFIC	CATION - PLEASE	READ CA	REFUL	LY BEFORE S	SIGNING				
I certify that, to the best of my knowledge and	belief, the answers given	by me to the	foregoin	g questions and the	e statements made by me in this				
application are correct and complete. I understand that misrepresentation or omission of facts in this applicaiton may result in my discharge.									
If employed, I understand and agree that such employment may be terminated at any time without prior notice, and that my employment									
will not be governed by any expressed or implied contract, but is at-will.									
I hereby give Vermeer the right to investigate all references and statements, unless otherwise stated herein. I also hereby release all parties									
from all liability for any damage that may result fro									
SIGNATURE:				DATE:					
Are you either a U.S. citizen or an alien authorized	d to work in the United St	tates?	YES	NO					
DO NOT WRIT	E BELOW THIS LI	NE - FOR	COMP	ANY USE ONI	Y				
INTERVIEWED BY					IIME				
REMARKS				1	I				
ACCEPTABLE FOR EMPLOYMENT POSITION		START DATE			WAGE				
YES NO									