



**WAUSAU COATED PRODUCTS, INC.  
APPLICATION FOR EMPLOYMENT**

Wausau Coated Products, Inc. is an equal employment opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, sex, national origin, ancestry, marital status, sexual orientation or the presence of any non-job-related medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Please contact the Human Resources Department at 715-848-2741, if you need an accommodation to participate in the application process.

Today's Date: _____		
Position Applied For: _____		
Full-Time: _____	Part-Time: _____	Salary Desired: _____

**PERSONAL DATA**

Name: _____			
Address: _____			
Street Address	City	State	Zip Code
Home Phone: _____		Cell Phone: _____	
Email: _____			

**GENERAL INFORMATION**

Are you at least 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify eligibility.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony, or released from prison in the past 10 years? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>(Please note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered.)</small>		
Have you ever worked for Wausau Coated Products, Inc. in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relatives or friends who work for Wausau Coated Products, Inc.? If yes, who?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been terminated from employment or asked to resign by an employer? If yes, please provide Company name(s) and details.  Yes  No

Can you work any shift, including swing shift? If no, please explain.  Yes  No

Can you perform the essential functions of the position for which you are applying? If no, please explain.  Yes  No

(If you have any question as to what functions are applicable to the position for which you are applying, please contact the Human Resources Department before you answer this question.)

What was the best job you've ever had? Why did you like it so much?

What traits or characteristics do you admire in co-workers?

Other than your parents, who has influenced you the most, and why?

Do you value high information or high relationships?

What is your idea of success?

## EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** Number of years completed (Check One)  1  2  3  4

**Diploma:**  Yes  No

**GED:**  Yes  No

School \_\_\_\_\_

City / State \_\_\_\_\_

**College and / or Vocational School:** Number of years completed (Check One)  1  2  3  4

School \_\_\_\_\_

City / State \_\_\_\_\_

Major \_\_\_\_\_

Degree(s) Earned \_\_\_\_\_

School \_\_\_\_\_

City / State \_\_\_\_\_

Major \_\_\_\_\_

Degree(s) Earned \_\_\_\_\_

### Other Training or Degrees

School \_\_\_\_\_

City / State \_\_\_\_\_

Course \_\_\_\_\_

Degree or Certificate Earned \_\_\_\_\_

**EMPLOYMENT HISTORY**

Present and Former Employers for the past seven (7) years - List Present or Most Recent Employer First  
Please complete even if a resume is attached.

Employer	Dates of Employment From _____ To _____
Address	Supervisor's Name and Title
Telephone Number	Supervisor's Telephone Number
City, State, Zip Code	Your name when employed, if different from present
Position / Department / Job Duties	Reason for Leaving
Salary	May we contact? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates of Employment From _____ To _____
Address	Supervisor's Name and Title
Telephone Number	Supervisor's Telephone Number
City, State, Zip Code	Your name when employed, if different from present
Position / Department / Job Duties	Reason for Leaving
Salary	May we contact? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates of Employment From _____ To _____
Address	Supervisor's Name and Title
Telephone Number	Supervisor's Telephone Number
City, State, Zip Code	Your name when employed, if different from present
Position / Department / Job Duties	Reason for Leaving
Salary	May we contact? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY**

Please account for any time you were not employed after leaving school in the past ten (10) years. You do not have to list any unemployment periods of one (1) month or less.

Time Period(s) \_\_\_\_\_ Reason for Unemployment \_\_\_\_\_

Time Period(s) \_\_\_\_\_ Reason for Unemployment \_\_\_\_\_

Time Period(s) \_\_\_\_\_ Reason for Unemployment \_\_\_\_\_

If you are unable to list all past employment or periods of unemployment on this form, please use an additional sheet of paper.

How did you hear about Wausau Coated Products, Inc.? (Current employee, Job Center of Wisconsin)

**APPLICANT'S CERTIFICATION AND AGREEMENT**

Please read carefully before signing.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Wausau Coated Products, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Wausau Coated Products, Inc. from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This application is valid only for 30 days from the date signed/dated above. Wausau Coated Products, Inc. retains applications of employment for duration of six (6) months.

Please submit the completed application for employment via email to [mmhemauer@wausaucoated.com](mailto:mmhemauer@wausaucoated.com) or [vtessmer@wausaucoated.com](mailto:vtessmer@wausaucoated.com). Thank you for your interest in Wausau Coated Products, Inc.