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Absolut Manufacturing, LLC 68150 Front St., Iron River, WI 54847 +1 715 372 8988 info@absolutmfg.com www.absolutmfg.com



T&T Manufacturing, LLC 700 Industrial Blvd., Spooner, WI 54801 +1 715 635 8421 info@ttmfg.com www.ttmfg.com

## **APPLICATION FOR EMPLOYMENT**

C. G. Bretting Manufacturing Co., Inc.

3401 Lake Park Road, Ashland, WI 54806

Please download this form to your computer. You may fill it out electronically and e-mail it to the email address above. If you prefer to handwrite your information, you may drop off the application or mail it to the address above.

I am applying for employment at (check all that apply):

- □ Bretting Manufacturing
- □ Absolut Manufacturing
- □ T&T Manufacturing

LAST NAME FIRS			NAME		MI	DDLE NAME			
	ADDRESS			С	ITY	STATE	ZIP		
TEL	EPHONE NUMBER			ALTEF	RNATE TELEPHONE	E NUMBER			
POSITION DESIRED		E	EMAIL ADDRE	ESS					
Will you work overtime?	How many hours per week?	Are you willing to work second shift?				Are you v	willing to work third shift?	Are you will weeke	
YES D NO D		YES 🗆	NO 🗆	YES	S D NO D	YES 🗆 NO 🗆			

Education			ement Schoo	-				ligh hool		Under	•	ate C ersity	ollege/	Gradu	iate/	Pro	fess	ional
School Name and Location																		
Years Completed	4 □	5 □	6 □	7 □	8 □	9 □	10 □	11 □	12 □	1 □	2 □	3 □	4 □	1 □	2 □	i L	3 ]	4 □
Diploma / Degree																		
Course of Study																		
Describe any specialized train apprenticeship, skills and extra activities		cular																
Describe any honors you hav	e recei	ved.																
State any additional informati may be helpful to us in consid application.																		







## **Employment Experience**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER			ADDRESS	TELEPHONE NUMBER
	JOB TITLE		SUPERVISOR	REASON FOR LEAVING
DATES EMPLOYED			WORK PERFOI	RMED
FROM	TO			
		1		
HOURLY RAT	ES / SALARY	1		
STARTING	FINAL	1		
		1		

EMPLOYER			ADDRESS	TELEPHONE NUMBER
	JOB TITLE		SUPERVISOR	REASON FOR LEAVING
DATES EMPLOYED			WORK PERFOR	3MED
FROM	ТО			
	ES / SALARY			
STARTING	FINAL			

EMPLOYER			ADDRESS	TELEPHONE NUMBER			
	JOB TITLE		SUPERVISOR	REASON FOR LEAVING			
DATES EMPLOYED			WORK PERFOR	RMED			
FROM	TO						
HOURLY RAT	ES / SALARY						
STARTING	FINAL						

If you need additional space, please use an additional sheet of paper or print this page twice.







## **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

## References

Give name, address and telephone number of four references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER

NAME	ADDRESS	TELEPHONE NUMBER

NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

The information provided in the Application for Employment is true, correct and complete. If employed, any
misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If submitting this Application for Employement electronically, typing your name below is equivalent to your handwritten signature.

SIGNATURE	DATE