NORTHERN ENGRAVING

803 South Black River St. | Sparta, WI 54656 | USA

Employment Application

FOR OFFICE USE ONLY:	FOR OFFICE USE ONLY – REMARKS	FOR OFFICE USE ONLY – DIVISION
Date reporting: _____ Badge/Dept./Shift: _____ Employee #: _____		

How did you hear about this Job Opening?

☐ Referral/Name:_____ ☐ On line (Monster, Indeed, etc) ☐ Billboard ☐ Radio

☐ Other: ☐ Newspaper ☐ Job Center ☐ Facebook ☐ TV

In accordance with State and Federal law, Northern Engraving Corporation does not discriminate in hiring or employment on the basis of race, color, creed, national origin, ancestry, sex, marital status, age, religion, non-job-related physical or mental handicap, status with regard to public assistance membership in a local commission, or any other legally protected status. Northern Engraving will provide reasonable accommodations to qualified individuals with disabilities in accordance with the American with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise Human Resources via email at humanresources@norcorp.com or phone +1-608-269-6911. Unless the position for which you are applying is part of a bargaining unit represented by a union, your employment relationship with us is "at-will", which means you enter into employment voluntarily, and you are free to resign at any time for any reason. Similarly, Northern Engraving Corporation is free to conclude its relationship with any employee (unless that employee is part of a bargaining unit represented by a union) at any time for any reason or no reason.

Name _____ Date: _____
Last First Middle

Present Address _____
Street City State Zip Code

Phone No.(H)_____ Cell Phone No._____ Email address _____

Position desired _____ ☐ Full time ☐ Part time Date you can start: _____

I prefer: ☐ 1st shift ☐ 2nd shift ☐ 3rd shift ☐ Any shift

☐ *I understand that if employed I may be required from time to time to work jobs and shifts other than my personal preference.*

Are you 18 years or older? ..... ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ..... ☐ Yes ☐ No

(If employed, you will be required to submit verification of your legal right to work in the United States.)

Were you previously employed by us at any of the following divisions?..... ☐ **Yes** ☐ **No**

☐ Sparta ☐ Waukon ☐ Lansing ☐ Spring Grove ☐ Holmen ☐ West Salem

☐ Galesville ☐ La Crosse ☐ Enterprise ☐ Necal/Adhesive ☐ Tool Rooms/Mach. Shop.

If yes, when? _____

Reason for leaving: _____

NORTHERN ENGRAVING

803 South Black River St. | Sparta, WI 54656 | USA

Educational Background

Type of School	Name and Address	Number of years attended	Graduated	Course of Major
Grammar/Grade			☐Yes ☐No	
High School			☐Yes ☐No	
College			☐Yes ☐No	
Post Graduate			☐Yes ☐No	
Business/Trade			☐Yes ☐No	
Other			☐Yes ☐No	

Employment History

Dates of employment				Name and address of past Employers	Job Title / Description of work performed	Name of Supervisor	Last salary or hourly rate
From		To					
Mo	Yr	Mo	Yr				
				Name _____ Phone _____ Street _____ City _____			

Reason for leaving: ☐ Quit ☐ Laid Off ☐ Discharged

Explain: _____

Dates of employment				Name and address of past Employers	Job Title / Description of work performed	Name of Supervisor	Last salary or hourly rate
From		To					
Mo	Yr	Mo	Yr				
				Name _____ Phone _____ Street _____ City _____			

Reason for leaving: ☐ Quit ☐ Laid Off ☐ Discharged

Explain: _____

Dates of employment				Name and address of past Employers	Job Title / Description of work performed	Name of Supervisor	Last salary or hourly rate
From		To					
Mo	Yr	Mo	Yr				
				Name _____ Phone _____ Street _____ City _____			

Reason for leaving: ☐ Quit ☐ Laid Off ☐ Discharged

Explain: _____

NORTHERN ENGRAVING
803 South Black River St. | Sparta, WI 54656 | USA

State and Federal laws prohibit discrimination against qualified applicants with disabilities who, with or without reasonable accommodation, can perform the functions of the job they are seeking. You may be requested to demonstrate how with or without reasonable accommodation you will be able to perform the specific job-related function for the position you are seeking.

ALL APPLICANTS MUST READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that, any misrepresentation of fact, as stated or implied, given in application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be grounds for dismissal.

I authorize investigation of all statements contained in this application and I understand and agree that all information furnished in this application may be verified by Northern Engraving Corporation or its authorized representative. I release Northern Engraving Corporation from all liability for any damage that may result from utilization of such information. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment information to Northern Engraving Corporation. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give Northern Engraving Corporation all information relative to such verification and hereby release such individuals, organizations and Northern Engraving Corporation from any and all liability for any claim or damage resulting therefrom.

I understand that, to be hired, I will have to promptly provide a urine specimen to be tested for evidence I use marijuana, cocaine, opiates, amphetamines or phencyclidine, and that the test results, and any non-cooperation on my part, will be disclosed to Northern Engraving Corporation. I am agreeing to authorize and cooperate in such testing and the disclosure of my results to the Company.

I understand that, if hired, I am required to abide by all rules and regulations of Northern Engraving Corporation and to comply with all policies and procedures in the employee handbook, and policy and procedure manual or other communications to employees. I further understand that Northern Engraving Corporation handbook, policies and procedures are subject to modification without notice.

I understand that Northern Engraving Corporation is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement is intended to create any contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. I understand that no one other than the Director of Human Resources of the Company has any authority to enter into any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the Director of Human Resources. Unless I am hired into a position that is part of a bargaining unit represented by a union, nothing in this application shall restrict my right as an employee or the right of Northern Engraving Corporation as an employer to terminate my employment at any time.
I hereby acknowledge that I have read and understand the above statement.

_____ _____

Signature Date

Maryland Applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100.

Massachusetts Applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities. Applicants may include in the work history any verified work performed on a volunteer basis.

NORTHERN ENGRAVING
803 South Black River St. | Sparta, WI 54656 | USA

Leyes federales y estateles prhiben la discriminación contra lo solicitantes calificados con discapacidad que, con o sin adaptaciones razonables, puede realizer las funciones de trabajo que están buscando. Usted podrá solicitarse para demonstrar cómo con o sin acomodación razonable usted será capaz de realizer la function especifica relacionada con el trabajo para el puesto que buscas.

TODOS LOS SOLICITANTES DEBEN LEER Y FIRMAR EL PRESENTE DOCUMENTO

La información contenida en esta solicitud es verdaz según mi leal saber y entender. Entiendo que cualquier declaración falsa explícita o implícita de hechos en mi solicitud, entrevista(s) o cualquier otro formulario de empleo puede constituir motivo suficiente para no contratarme y podría constituir motivo suficiente para mi despido.

Entiendo y acepto que toda la información facilitada en esta solicitud debe ser verificada por Northern Engraving Corporation o su representante autorizado. Por la presente renuncio a cualquier derecho que me pudiera asistir de notificación por parte de cualesquiera personas físicas y jurídicas citadas o a las que se haga referencia en esta solicitud antes de la divulgación de información relativa a empleo a Northern Engraving Corporation. Por la presente autorizo a todas las personas fisicas que formen parte de las organizaciones citadas o a las que se haga referencia en esta solicitud, así como a cualquier organización encargada de hacer cumplir las leyes, a facilitar a Northern Engraving Corporation toda la información que proceda en relación con dicha verificación y, por la presente, descargo a dichas personas físicas y jurídicas y a Northern Engraving Corporation de toda responsabilidad en relación con cualquier reclamación o daños y perjuicios que resulten de la misma.

Entiendo que, para ser contratado/a, debo proporcionar inmediatamente una muestra de orina para su análisis para la detección de indicios de consumo de marihuana, cocaína, opiáceos, anfetaminas o fenciclidina y que los resultados de dicho análisis, así como cualquier negative a cooperar por mi parte, serán divulgados a Northern Engraving Corporation. Acepto autorizar y cooperar en dicho análisis y en la divulgación de mis resultados a la Compañía.

En caso de que se me contrite, entiendo que tengo la obligación de cumplir todas las normas de Northern Engraving Corporation así como todos los procedimientos y políticas contenidos en el manual del empleado y manuales de procedimientos y políticas u otros comunicados dirigidos a sus empleados. Entiendo asimismo que dichos manuals, políticas y procedimientos de Northern Engraving Corporation están sujetos a modificación sin previo aviso.

Entiendo que Northern Engraving Corporation no está obligada a darme empleo y que yo no estoy obligado a aceptar dicho empleo. Ninguna parte del contenido de esta solicitud o de cualquier declaración oral o escrita con anteriordad o posteriordad a la misma se entenderá como una pretensión de crear un contrato de empleo o crear derechos bajo la naturaleza de un contrato de empleo. La presente solicitud no tiene fuerza vinculante sobre ninguna de las partes con respecto a la contratación o el empleo por un periodo de tiempo concreto. Entiendo que nadie más que el Presidente de la Compañía tiene autoridad para suscribir acuerdo alguno en sentido contrario a lo anteriormente expuesto, y que en todo caso dicho acuerdo, en caso de existir, debe hacerse constar por escrito y acompañado de la firma del Presidente. En caso de que se me contrite, ninguna parte de la presente solicitud podrá restringir mi derecho como empleado, ni el derecho de Northern Engraving Corporation como empleador, para dar por finalizada en cualquier momento mi condición de empleado.

☐ Por la presente reconozco que he leído y entiendo la declaración que antecede.

Firma del solicitante	Fecha

Form **8850**
(Rev. March 2016)
Department of the Treasury
Internal Revenue Service

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ **Information about Form 8850 and its separate instructions is at *www.irs.gov/form8850.***

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

---

1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
  a. Received SNAP benefits (food stamps) for the past 6 months; **or**
  b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ **Date**

For Employer's Use Only

Employer's name Northern Engraving Corp Telephone no. 608-269-6911 EIN ▶ 90-0782125

Street address 803 South Black River Street

City or town, state, and ZIP code Sparta, WI 54656

Person to contact, if different from above Tamara Bingham Telephone no. 608-269-6911

Street address

City or town, state, and ZIP code

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ▶

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ **Title** **Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . 6 hr., 27 min.

Learning about the law or the form . . . . . 24 min.

Preparing and sending this form to the SWA . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs.* Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.