



**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? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you been convicted of a felony, or released from prison in the past 10 years? If yes, please explain. ☐ Yes ☐ No

(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.)

Have you ever worked for Wausau Coated Products, Inc. in the past? ☐ Yes ☐ No

Do you have any relatives or friends who work for Wausau Coated Products, Inc.? If yes, who? ☐ Yes ☐ 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 careers@wausaucoated.com
Thank you for your interest in Wausau Coated Products, Inc.