



Absolut Manufacturing, LLC
 68150 Front Street
 Iron River, WI 54847 USA
 Telephone: 715.372.8988 • Fax: 715.372.8977
 E-mail: info@absolutmfg.com
 www.absolutmfg.com

Application for Employment

This document may be printed a written on or completed electronically. After completing the application, do one of the following:

- E-mail as a .pdf to info@bretting.com
- Fax to 715 682 4138
- Mail to the above address

LAST NAME	FIRST NAME	MIDDLE NAME

ADDRESS	CITY	STATE	ZIP

TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER

POSITION DESIRED

Will you work overtime?	How many hours per week?	Are you willing to work second shift?	Are you willing to work third shift?	Are you willing to work weekends?
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Education

	Elementary School	High School	Undergraduate College/ University	Graduate/ Professional
School Name and Location				
Years Completed	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Diploma / Degree				
Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have received.	
State any additional information you feel may be helpful to us in considering your application.	



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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 PERFORMED	
FROM	TO		
HOURLY RATES / SALARY			
STARTING	FINAL		

EMPLOYER		ADDRESS	TELEPHONE NUMBER
JOB TITLE		SUPERVISOR	REASON FOR LEAVING
DATES EMPLOYED		WORK PERFORMED	
FROM	TO		
HOURLY RATES / SALARY			
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If you need additional space, please use an additional sheet of paper or print this page twice.



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Special Skills and Qualifications

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

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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.

SIGNATURE	DATE