



Please Submit Completed Application Forms to:

Email: CoolSheet@GWSMLLC.com

Fax: Attn. HR 920-893-5106

In-Person: W5745 Woodchuck Lane
Plymouth, WI 53073

PHYSICAL WORK REQUIRMENTS (If you are applying for an office position you do not need to complete this section)

The following are physical requirements which are necessary to perform the job duties required of our industry. They are not necessarily requirements which will be performed on a repetitive basis but will be encountered during the course of performing the job duties.

DO YOU HAVE ANY PROBLEMS WITH HEIGHTS OR WORKING FROM A LADDER?	YES	NO
CAN YOU LIFT 150# TO YOUR WAIST?	YES	NO
CAN YOU LIFT 100# TO YOUR SHOULDERS?	YES	NO
CAN YOU LIFT 75# TO ARMS LENGTH ABOVE YOUR HEAD?	YES	NO

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

ARE YOU EMPLOYED NOW?	YES	NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES	NO
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Employer	Street Address		
Your Title	City, State and ZIP		
Your Duties	Telephone	Name of Supervisor	
	Total Time Employed	Last Rate of Pay	
	From (Month and Year)	To (Month and Year)	
	Reason for Leaving		

Employer	Street Address		
Your Title	City, State and ZIP		
Your Duties	Telephone	Name of Supervisor	
	Total Time Employed	Last Rate of Pay	
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REFERENCES (PERSONS NOT RELATED TO YOU)

NAME	RELATIONSHIP	TELEPHONE NUMBER	EMAIL ADDRESS	BUSINESS OR OCCUPATION	YEARS ACQUAINTED

NOTE: Your application will not be processed unless you have read and signed the Authorization, Release and Certification on Page 4.



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AUTHORIZATION, RELEASE AND CERTIFICATION

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit for testing for controlled substances or other drugs.

I understand this application will be considered inactive after thirty (30) days.

I certify that I have read (or have had read to me) and understand this authorization, release and certification.

APPLICANT'S
SIGNATURE: _____

APPLICANT'S NAME
(PRINT OR TYPE): _____

DATE SIGNED: _____