



C. G. Bretting Manufacturing Co., Inc.
 3401 Lake Park Road, Ashland, WI 54806
 +1 715 682 5231
cgb@bretting.com
www.bretting.com



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

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		FIRST NAME		MIDDLE NAME	
ADDRESS			CITY	STATE	ZIP
TELEPHONE NUMBER			ALTERNATE TELEPHONE NUMBER		
POSITION DESIRED			EMAIL ADDRESS		
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 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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.	



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		
STARTING	FINAL	

EMPLOYER	ADDRESS	TELEPHONE NUMBER

JOB TITLE	SUPERVISOR	REASON FOR LEAVING

DATES EMPLOYED		WORK PERFORMED
FROM	TO	
HOURLY RATES / 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 Employment electronically, typing your name below is equivalent to your handwritten signature.

SIGNATURE	DATE

How did you hear about us?

- Print ad
- Radio ad
- Television ad
- Streaming
- Social media
- Friend/family
- Other _____