



We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

121 Airport Drive
 PO Box 1330
 Watertown, SD 57201
 Ph: 605-886-4385
 Fax: 605-886-4486

APPLICATION FOR AT WILL EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: _____

Last

First

Middle

Social Security Number: _____

Telephone: _____

Address: _____

Street

City

State

Zip

E-mail Address: _____

Have you ever worked under or attended school under a different name? Yes No

If yes, what name? _____

Give the name(s) of any relatives currently employed by Wurth Electronics Midcom: _____

Referred by: _____

EMPLOYMENT DESIRED

Regular

Temporary

Summer Work

Part Time

Position: _____ Date you can start: _____

Are you employed now? Yes No

If so, may we contact your present employer? Yes No

Have you previously applied to Wurth Electronics Midcom? When? _____

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of employment.

EDUCATION/TRAINING

	Name and Location of School	Check Last Year Completed				Did You Graduate?	Subjects Studied and Degree(s) Received
		1	2	3	4		
High School	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No	
College	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No	

Other Special Training You Have Received

_____ Training Place Date

_____ Training Place Date

