



Application for Employment

Wausau Tile is an EOE/AAP employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications. Please ensure that all questions on the application are answered thoroughly. Résumés are also accepted.

Position or area of work you are applying for Were you previously employed by Wausau Tile either directly or through a temporary agency? Yes If yes, when _____ No	Date you are available to start
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PERSONAL DATA			
Name (last, first, middle)			
Street Address and/or Mailing Address	City	State	Zip
Primary Telephone Number	Secondary Telephone Number	Other Telephone Number	
Email Address	Hourly Rate or Annual Salary Desired	Do you have a High School Diploma or GED? Yes No	

PRODUCTION POSITIONS SCHEDULING & AVAILABILITY <small>Please mark your preferences – multiple options per box are acceptable.</small>					
4 days / 10 hours per day	Days	1 st Shift	3 rd Shift	Full-time	Part-time
5 days / 8 hours per day	Evenings	2 nd Shift		Temporary	Seasonal
	Overtime, as needed				

Are you over the age of 18? Yes No	Are you authorized to work in the U.S. ? Yes No
Please list any foreseeable dates that you are unable to work based on vacation plans and/or appointments.	
<i>If you require reasonable accommodation to complete a job application, preemployment testing, or a job interview or to otherwise participate in the hiring process, please contact our HR Generalist at hr2@wausautile.com</i>	

QUALIFICATIONS <small>Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.</small>			
	School Name	Graduate/Degree/Major	City/State
School			
School			
Other			



SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (forklift certification, CNC operator, leadership, organizations/teams, etc.)

WORK HISTORY Start with your present or most recent employment and work back.

Job Title	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
May we contact your present employer? Yes No N/A		

WORK HISTORY Start with your present or most recent employment and work back.

Job Title	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		

REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you do not have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature -Typing your name constitutes as an electronic signature

Date



VOLUNTARY PRE-EMPLOYMENT SELF-IDENTIFICATION FORM
(Please answer all questions - Please Print)

Wausau Tile is subject to recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees voluntarily to self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws and regulations, including those that require the information to be reported and summarized to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This Pre-Employment Information Form will be kept in a Confidential File separate from the attached Employment Application.

Do not hesitate to ask for assistance if you have any difficulty completing this form.

Position(s) applied for: _____ Date: _____
(List no more than two positions)

Name: _____
First Name Middle Name Last Name

Address: _____
Street City State Zip Code

Gender: Male Female

Are you Hispanic or Latino? Yes No
If not, what race do you consider yourself? (Please check only one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or More Races

Ethnicity

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Race

- American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, i.e., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or More Races (not Hispanic or Latino)** - All persons who identify with more than one of the above five races.



Pre-Offer Protected Veteran Self-Identification Form

[41 C.F.R. § 60-300.42]

Wausau Tile is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- (1) A "disabled veteran" is one of the following:
 - a. A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or⁰⁵²³
 - b. A person who was discharged or released from active duty because of a service-connected disability.
- (2) A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- (3) An "active-duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- (4) An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN STATUS
AS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

DECLINE TO SELF IDENTIFY CONCERNING VETERAN STATUS

Applicant Signature -Typing your name constitutes as an electronic signature

Date



Voluntary Self-Identification of Disability
Form CC-305 OMB Control Number 1250-0005

Name / Employee No. (if applicable)

Date

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

YES, I HAVE A DISABILITY, OR HAVE A HISTORY/RECORD OF HAVING A DISABILITY

NO, I DO NOT HAVE A DISABILITY, OR A HISTORY/RECORD OF HAVING A DISABILITY

I DECLINE TO ANSWER

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Job Title: _____ Date of Hire: _____