



Machining | Assembly | Metal Finishing

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last

First

MI

Address: \_\_\_\_\_

Street Address

Apartment/Unit #

City

State

Zip Code

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_

Shift Availability: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

			YES	NO
Are you a citizen of the United States?	_____	_____	_____	_____
	YES	NO	If no, are you authorized to work in the U.S.? _____	
Have you ever worked for this company?	_____	_____	If yes, when? _____	
	YES	NO		
Have you ever been convicted of a felony?	_____	_____	If yes, explain. _____	
	YES	NO		

**EDUCATION**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

YES NO

Number of years attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

YES NO

Number of years attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

YES NO

Number of years attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?       

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?       

**PREVIOUS EMPLOYMENT (CON'T)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?       

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO  
May we contact your previous supervisor for a reference? \_\_\_ \_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO  
May we contact your previous supervisor for a reference? \_\_\_ \_\_\_

### **MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### **REFERENCES**

(THREE INDIVIDUALS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

**Please read the following statement carefully before signing to indicate your understanding.**

I understand that prior to being offered employment I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the company prior to the test so that a reasonable accommodation can be made. The company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true, accurate and complete to the best of my knowledge and understand that if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the president of the company and the person to whom the writing is directed.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers except those specially exempted, \*to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Employer specifically exempted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_