



# Application For Employment

Please print if handwriting application

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Last 4 Digits SSN# \_\_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_  
 Street City State Zip Code  
 Telephone# \_\_\_\_\_ Mobile/Other # \_\_\_\_\_ Email \_\_\_\_\_  
 Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

**Referral Source** (Please check the appropriate category and name the source.)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-In _____           | <input type="checkbox"/> School _____               |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____             |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____      |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Govt. Employ. Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                |

If necessary, best time to call you at home is..... \_\_\_\_\_

May we contact you at work, yes or no?..... \_\_\_\_\_

If yes, work number and best time to call: \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit, yes or no?..... \_\_\_\_\_

If no please explain: \_\_\_\_\_

Have you ever submitted an application here before, yes or no?..... \_\_\_\_\_

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before, yes or no?..... \_\_\_\_\_

If yes, give dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Are you legally eligible for employment in this country, yes or no?..... \_\_\_\_\_

Date Available for work..... \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
 \$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: Full Time \_\_\_\_\_  
 Part-time \_\_\_\_\_ Co-Op \_\_\_\_\_  
 Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_

Will you relocate if the job requires, yes or no? \_\_\_\_\_

Will you travel if the job requires, yes or no? \_\_\_\_\_

If they have been explained to you, are you able to meet the attendance requirements of the position, yes, no or n/a?..... \_\_\_\_\_

Will you work overtime if required, yes or no?..... \_\_\_\_\_

If no please explain: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Please answer yes, no, or need more info of job... \_\_\_\_\_

Driver's license number required if driving, may be required in the job for which you are applying: \_\_\_\_\_

State \_\_\_\_\_

Have you ever been bonded, yes or no?..... \_\_\_\_\_

Answering "yes" to the following question does not constitute an automatic bar to the employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime, yes or no?..... \_\_\_\_\_

If yes please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company,

yes or no?..... \_\_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #		Dates Employed:		Month	Year	to	Month	Year
Street Address	City	State	<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	Compensation (Starting)		\$
Starting job title/final job title			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	Compensation (Final)		\$
Immediate supervisor and title (for most recent position held)					Commission/Bonus/Other Compensation		\$		

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

Employer	Telephone #		Dates Employed:		Month	Year	to	Month	Year
Street Address	City	State	<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	Compensation (Starting)		\$
Starting job title/final job title			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	Compensation (Final)		\$
Immediate supervisor and title (for most recent position held)					Commission/Bonus/Other Compensation		\$		

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Starting job title/final job title			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	Compensation (Final)		\$
Immediate supervisor and title (for most recent position held)					Commission/Bonus/Other Compensation		\$		

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

Employer	Telephone #		Dates Employed:		Month	Year	to	Month	Year
Street Address	City	State	<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	Compensation (Starting)		\$
Starting job title/final job title			<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Salary	Compensation (Final)		\$
Immediate supervisor and title (for most recent position held)					Commission/Bonus/Other Compensation		\$		

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

## Employment History

Explain any gaps in your employment, other than those due to personal illness, injury or disability.....

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If not addressed on previous page, have you ever been fired or asked to resign from a job, yes or no?.....

If yes, please explain:

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## Skills and Qualifications

Please check any of the following skills you possess and equipment you are qualified to operate:

### Manufacturing Skills

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Injection Molding | <input type="checkbox"/> Welding           | <input type="checkbox"/> Forklift Repair |
| <input type="checkbox"/> Extrusion         | <input type="checkbox"/> Machining         | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Blow Molding      | <input type="checkbox"/> Automotive Repair |  |
| <input type="checkbox"/> Carpentry         | <input type="checkbox"/> Diesel Repair     |  |

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### Heavy Equipment

List:

### Light Equipment

List:

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma _____ <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma _____ <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma _____ <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma _____ <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List name and telephone of three business/work references who are not related to you and are not previous supervisors.

If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone	Number of Years Known

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organizations	Offices Held

List special accomplishments, publications, awards. Etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agent to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicants from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**This Company does not tolerate the unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, and or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, stigmatize, intimidate, or single out a person because of her/his membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I Certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_