



Application for Employment

Last Name	First Name	Middle Initial	Date
Address	City	State	Zip Code
Home Phone	Cell Phone	Emergency Contact Name and Phone Number:	
Email:		Preferred Method of Contact: (please circle one) Home Phone Cell Phone Email	

Are you 21 or older? Yes No	Are you 18 or older? Yes No	Are you laid off? Yes No	Are you subject to recall? Yes No
Have you filled out an application here before? Yes No	Have you worked here before? Yes No If yes, when?	Are you presently employed? Yes No	If so, may we contact your present employer? Yes No
Date you can start work:	Rate of pay expected per hour:	What position are you applying for?	How did you hear about this position?
How will you get to work?			

Please check off when you are available to work, check all that apply					
Full Time _____	Part Time _____	First Shift _____	Second Shift _____		
Do you have any of the machine skills or experience listed below? Please check all that apply.					
Grinder _____	Shear _____	Brake Press _____	Lasers _____	Welding _____	Blueprint Reading _____
Do you have any other job skills or experience you would like to list? Use the space below.					

Why do you want to work for this company? Use the space below to explain.			
Education History			
High School Name and Address		Number of years attended	Did you graduate? Yes No
Vocational/Trade School Name and Address		Number of years attended	Certificate Earned?
College Name and Address		Number of years attended	Degree earned?
List any educational achievements / awards			

Employment History	
List below all employment history beginning with your most recent	
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Reason for leaving: _____ Job Title: _____ Job Duties: _____ _____ _____ _____	From: ____/____/____ Month Day Year To: ____/____/____ Month Day Year Salary: _____ Per Hour Supervisors Name: _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Reason for leaving: _____ Job Title: _____ Job Duties: _____ _____ _____ _____	From: ____/____/____ Month Day Year To: ____/____/____ Month Day Year Salary: _____ Per Hour Supervisors Name: _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Reason for leaving: _____ Job Title: _____ Job Duties: _____ _____ _____ _____	From: ____/____/____ Month Day Year To: ____/____/____ Month Day Year Salary: _____ Per Hour Supervisors Name: _____

--	--

I authorize the references listed above to give this company any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to this company.

Signed: _____ **Date:** _____

I certify that the facts and information provided by me on this application, in other pre-employment documents, and in my employment interview, are true and complete. I agree that if employed, incorrect, incomplete, or falsified information will be grounds for my dismissal regardless of when discovered. I authorize this Company to investigate all statements made herein or in my interviews, and to make credit checks, obtain conviction records, make reference checks, and obtain any other information relevant to my hiring, and I release this Company and all other parties from any and all liability for any damages that may result from obtaining or furnishing such information.

I understand and agree, that if hired, my employment with this Company will be terminable at will; that is, either this Company or I, may terminate the employment relationship at any time, for any reason. I also understand and agree that no one in management at this Company has the authority to make any oral or written promises or agreements which alter this employment-at-will relationship, and I agree that I cannot and will not rely on such oral or written promises or agreements.

I agree to submit to a physical examination whenever requested, and if employed, I agree to observe all present and subsequently issued personnel policies and procedures. I understand that such policies and procedures do not constitute a contract of employment between this Company and me and that this Company may revise its policies and procedures at any time, with or without notice.

Signature of Applicant: _____ Date: _____

Application Addenda for Drug Policy

I understand that this Company has a Drug Free Workplace Policy in effect and will not employ anyone who uses illegal drugs or alcohol on the job. This policy on alcohol and illegal drugs will be enforced for the purpose of providing a safe workplace free from the hazards these present. I agree to submit to a drug screen prior to my employment, post accident, or should this Company have reasonable suspicion that I may be using drugs or alcohol. Also, it is the responsibility of each employee to inform their Supervisors of any prescription medication they are taking.

Do you ever use illegal drugs? Illegal drugs include any prescription medication for which you have no current prescription in your name and all drugs for which Federal and/or Ohio law prohibit. **Yes / No**

Signature of Applicant: _____ Date: _____

This space is for office use only	
Start Date	
Shift	
Position	
Supervisor	

