



APPLICATION FOR EMPLOYMENT

We are a Drug Free Workplace and Equal Opportunity Employer.

Position(s) Applied for		Date of Application	
Referring Employee (if applicable)			
Print Name (First, Middle, Last)			
Street Address		City	State
Main Phone Number	Email		
Salary Desired:		When are you able to start work:	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide shift preference: 1 st 2 nd 3 rd	
Do you have a location preference? Cleves West Chester Fairfield			
If hired, can you present evidence of your identity and legal right to work in this country?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed with a Stock Manufacturing Company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION AND SKILLS

Please describe your educational background in the table provided below.

	School Name	# of Years Attended	Graduate / Degree / Rank	Area of Study/Major	Specialized Training, or Skills
High School					
College/ University					
Trade School					
Military Service					

Please check machine skills you have:

Brake Press <input type="checkbox"/> Yes	Lasers <input type="checkbox"/> Yes	Welding <input type="checkbox"/> Yes	Blueprint reading <input type="checkbox"/> Yes
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BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first.

Name & Address of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Dates Employed (Month/Year):	
	From	To
Job Title and Duties	Reason for Leaving	

Name & Address of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Name & Address of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

APPLICANT STATEMENT AND AGREEMENT

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I certify that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

I understand that all applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. I understand that equal access to programs, services, and employment is available to all qualified persons.

Signature: _____

Name (print): _____ Date: _____