

Application for Employment

Phone 260-424-4834

Fax 260-424-3723

APPLIED METALS & MACHINE WORKS, INC.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national, origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status

Please Print

Position applied for _____		Date of application _____	
How did you learn about us?			
Advertisement	Walk in	Friend	
Employment Agency	Other _____	Relative	
Last Name _____		First Name _____	Middle Name _____
Address _____		State _____	Zip Code _____
Email _____		Phone number _____	

If you are under 18 years old, can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? *Conviction will not necessarily disqualify an applicant from employment.* Yes No

If yes, Please explain _____

When would you be available to start work? _____

Are you available to work: Full Time Part Time

We are an Equal Opportunity Employer

Driver's Consent Form

Consumer reports may be obtained as part of the **Applied Metals & Machine Works, Inc.** evaluation of my job application/employment. The reports may be procured by the company insurance carrier, and may include my driving record, an assessment of my insurability under the company's insurance coverage, or other consumer reports. By signing this disclosure, I hereby authorize

Applied Metals & Machine Works, Inc. to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

I also understand and agree that maintaining a clean driving record is essential in my job duties. Refusal by the company insurance carrier to insure me on the vehicle insurance policy may subject me to disciplinary action up to, and including discharge.

Name: _____

Date of birth: _____

License state: _____

DL#: _____

Signature: _____

Date: _____

Education

Do you have a High School Diploma or equivalent?

Yes

No

	School Name	Course of Study	Years	Degree
Additional Education				

Skills & Qualifications

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Summarize special job related skills and qualification acquired from employment or other experience.

Specialized Skills

_____ Fork Lift
_____ Lathe
_____ Mill
_____ Boring Mill
_____ Broaching

Check Skills & Equipment Operated

_____ Can you weld?
_____ TIG
_____ MIG
_____ Gas
_____ Arc
_____ Other _____

_____ Can you back a trailer?
_____ Electrical
_____ Hydraulics
_____ Calculator
_____ Computer

References

1	_____	_____
	Name	Number
	_____	_____
	Email	Relation
2	_____	_____
	Name	Number
	_____	_____
	Email	Relation
3	_____	_____
	Name	Number
	_____	_____
	Email	Relation

I authorize Applied Metals & Machine Works to make inquiries to verify my suitability for employment and release them and any individuals or companies it contacts from any claim arising from making or responding to such inquiries.

Signature

Date

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1	<i>Employer</i>		Dates Employed		Work Performed
			From	To	
	<i>Number</i>				
			Hourly Rate/Salary		
	<i>Job Title</i>	<i>Supervisor</i>	Starting	Final	
<i>Reason for leaving</i>					
2	<i>Employer</i>		Dates Employed		Work Performed
			From	To	
	<i>Number</i>				
			Hourly Rate/Salary		
	<i>Job Title</i>	<i>Supervisor</i>	Starting	Final	
<i>Reason for leaving</i>					
3	<i>Employer</i>		Dates Employed		Work Performed
			From	To	
	<i>Number</i>				
			Hourly Rate/Salary		
	<i>Job Title</i>	<i>Supervisor</i>	Starting	Final	
<i>Reason for leaving</i>					

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s)

Signature

Date

Date of Employment: _____

Starting Pay: \$ _____