



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability/handicap, or any other legally protected status.

APPLICANT INFORMATION

DATE OF APPLICATION

LAST NAME

FIRST

MIDDLE INITIAL

CURRENT ADDRESS

CITY

STATE

ZIP

PREVIOUS ADDRESS

CITY

STATE

ZIP

CELL PHONE

HOME PHONE

EMERGENCY PHONE

EMPLOYMENT INFORMATION

Position(s) applying for:

Date available to start:

Salary or Wage desired:

Type of Employment: FULL TIME

PART TIME

SEASONAL/ON CALL

PART TIME AVAILABILITY: DAYS: M

T

W

TH

F

HOURS:

Have you applied to All Metal Stamping, Inc. before?

YES

NO

If YES, when?

Have you ever worked for All Metal Stamping, Inc.?

YES

NO

If YES, please provide dates you were employed and in what position.

Do you have the legal right to work in the United States?

YES

NO

If not, why?

Have you ever been convicted of a felony?

YES

NO

If YES, please provide circumstances.

Have you ever been discharged or asked to resign for a position?

YES

NO

If YES, please provide circumstances.

Are you currently employed?

YES NO

Work History (Start with most recent or present employer)

1. **Name of Employer** **Phone**

Supervisor (Name & Title) Job **Hire Date** **Date of Last Shift** **Start Pay** **End Pay**

Title & Responsibilities **Reason for Leaving**

May we contact this employer?

2. **Name of Employer** **Phone**

Supervisor(Name and Title) **Hire Date** **Date of Last Shift** **Start Pay** **End Pay**

Job Title & Responsibilities **Reason for Leaving**

May we contact this employer?

3. **Name of Employer** **Phone**

Supervisor (Name & Title) **Hire Date** **Date of Last Shift** **Start Pay** **End Pay**

Job Title & Responsibilities **Reason for Leaving**

May we contact this employer?

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.



EDUCATIONAL HISTORY

| <u>Type of School</u> | <u>Name & Address of School</u> | <u>Last Year Completed</u> | | | | <u>Degree/Certificate Awarded</u> | |
|-----------------------|-------------------------------------|----------------------------|----|----|----|-----------------------------------|-----|
| | | 9 | 10 | 11 | 12 | Diploma | GED |
| High School | | | | | | | |
| College | | 1 | 2 | 3 | 4 | | |
| Other | Dates Attended: | | | | | | |
| Other | Dates Attended: | | | | | | |

REFERENCES (Do not list relatives or former employers)

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

OTHER

Please attach a current resume. In the space below, provide any additional information you feel will be helpful in considering your application. Examples can include community involvement, volunteer roles you've held, awards or recognition, special hobbies or interests, etc.



APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the employer retains the same right.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six months (6) from the date completed, after which time I would have to reapply in accordance with established Company procedures.

Signature of Applicant

Date

