

# MULTIPLE MACHINING, INC

## Employment Application

| APPLICANT INFORMATION  |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
|--|--|----|--|------------------------------|--|------------------------------|--|--|--|--------|--|--|--|
| Last Name  |  |    |  | First                        |  |                              |  | M.I.   |  | Date   |  |  |  |
| Street Address   |  |    |  |                              |  | Apartment/Unit #             |  |  |  |        |  |  |  |
| City   |  |    |  | State                        |  |                              |  | ZIP  |  |        |  |  |  |
| Phone  |  |    |  | E-mail Address               |  |                              |  |  |  |        |  |  |  |
| Date Available   |  |    |  | Social Security No.          |  |                              |  | Desired Salary                                 |  |        |  |  |  |
| Position Applied for   |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| Are you a citizen of the United States?  |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>  |  | If no, are you authorized to work in the U.S.? |  |        |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| Have you ever worked for this company?   |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>  |  | If so, when?                                   |  |        |  |  |  |
| Have you ever been convicted of a felony or misdemeanor?                       |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>  |  | If yes, explain                                |  |        |  |  |  |
| EDUCATION  |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| High School  |  |    |  | Address                      |  |                              |  |  |  |        |  |  |  |
| From   |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |  |  |
| College  |  |    |  | Address                      |  |                              |  |  |  |        |  |  |  |
| From   |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |  |  |
| Other  |  |    |  | Address                      |  |                              |  |  |  |        |  |  |  |
| From   |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |  |  |
| REFERENCES   |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| <i>Please list three professional references. (must not be related to you)</i> |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| Full Name  |  |    |  |                              |  | Relationship                 |  |  |  |        |  |  |  |
| Company  |  |    |  |                              |  | Phone                        |  |  |  |        |  |  |  |
| Address  |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| Full Name  |  |    |  |                              |  | Relationship                 |  |  |  |        |  |  |  |
| Company  |  |    |  |                              |  | Phone                        |  |  |  |        |  |  |  |
| Address  |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| Full Name  |  |    |  |                              |  | Relationship                 |  |  |  |        |  |  |  |
| Company  |  |    |  |                              |  | Phone                        |  |  |  |        |  |  |  |
| Address  |  |    |  |                              |  |                              |  |  |  |        |  |  |  |

| <b>PREVIOUS EMPLOYMENT</b>  |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| <b>MILITARY SERVICE</b>          |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| <b>DISCLAIMER AND SIGNATURE</b>   |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |