

NEOSHO TROMPLER INCORPORATED

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

We consider all applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

NAME: _____
LAST FIRST INITIAL

PRESENT ADDRESS: _____
AND STREET CITY STATE ZIP

PREVIOUS ADDRESS: _____
AND STREET CITY STATE ZIP

TELEPHONE NUMBERS: _____

SOCIAL SECURITY NUMBER: _____

How were you referred to us? _____

Indicate the position for which you are applying: _____

Date available for work: _____

Full time ____ Part time ____ 1st Shift ____ 2nd Shift ____

Hours/days available _____ Salary Requirements _____

If you are under 18, 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 been previously employed by this company? Yes ____ No ____
If yes, give date: _____

Are you legally eligible for employment in this country? Yes ____ No ____
Proof of citizenship or immigration status will be required upon employment.

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

If yes, please explain giving date & circumstances: _____

EDUCATION

SCHOOL	Name and Location for each listing	No of years Completed	Degree, Major Type of Course.
High School	_____		

College	_____		

Graduate School	_____		

Trade, Bus Night, Corres.	_____		

Other	_____		

Do you have a driver's license? Yes ____ No ____

What is your means of transportation to work? _____

Driver's License Number _____ State of issue _____ Operator ____ Commercial (CDL) ____

Expiration Date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

EMPLOYMENT/WORK EXPERIENCE

Start with your most recent employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status. If you need additional space, please use a separate sheet of paper.

Employer	Telephone Number	Dates Employed – From/To
Address	City, State, Zip	Hourly Rate – Starting/Final
Job Title	Work Performed	
Supervisor	Reason for Leaving	

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May we contact the employers listed above? _____ If not, please indicate which ones you do not want us to contact.

Please answer the following questions:

Are you willing to work overtime? Yes _____ No _____

Can you read blue prints or process sheets? Yes _____ No _____

Please circle the types of tools you have used:

Hand tools Impact Wrenches Air Tools Torque Wrenches

Circle the gauges you have used on the job:

Calipers Go/no go Micrometers Thread Plug Other: _____

If you are an assembler please answer the following questions:

What product were you assembling? _____

How many years of assembly experience do you have? Please circle one:

1-6 mos. 7-11 mos. 1 yr or more

If you are a machinist, please circle the types of CNC machines you can set up, operated and edited the programs:

Lathes Mills Grinders Horizontal Machining Centers
Vertical Machining Centers Drill Presses Other: _____

How long have you setup, operated and edited the equipment listed above? Circle one:

1-6 mos. 7-11 mos. 1-2 years 3 or more years

An application form sometime makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICANT STATEMENT

I certify that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

As a precondition of employment and, if employed, as a condition of continued employment, I agree to submit to drug and alcohol screening tests from time to time, if requested to do so by the Company. I understand that the failure to cooperate with the testing will be grounds for dismissal.

In consideration for my employment, I agree that I will adhere to the Company rules and procedures and that my employment can be terminated with or without cause, with or without notice, at any time, at the option of either the Company or myself.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

Signature of Applicant

Date