

# EKOS MANUFACTURING

## APPLICATION FOR EMPLOYMENT

**\* Must be able to lift up to 50 lbs on regular basis\*.** Can you operate a forklift? Yes ☐ No ☐ If yes, are you forklift certified? Yes ☐ No ☐

| APPLICANT INFORMATION   |                |                |                 |
|---|----------------|----------------|-----------------|
| Last Name   | First          | Date of Birth  | Security Number |
| Street Address/Apt/Unit #   |                | City & Zip     |                 |
| Phone   | Email          |                |                 |
| Position of Interest  | Date Available | Desired Salary |                 |
|   |                |                |                 |
| Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                |                |                 |
| If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes <input type="checkbox"/> No <input type="checkbox"/> |                |                |                 |

| EDUCATION                        |                 |                |                 |                        |
|----------------------------------|-----------------|----------------|-----------------|------------------------|
|                                  | Name & Location | Years Attended | Degree Received | Major/Subjects Studied |
| High School                      |                 |                |                 |                        |
| College                          |                 |                |                 |                        |
| Trade School/<br>Other Education |                 |                |                 |                        |
| Licenses/Training                |                 |                |                 |                        |

| PROFESSIONAL REFERENCES |       |         |              |       |
|-------------------------|-------|---------|--------------|-------|
| Name                    | Title | Company | Relationship | Phone |
|                         |       |         |              |       |
|                         |       |         |              |       |
|                         |       |         |              |       |

| EMPLOYMENT HISTORY      |    |                    |  |
|-------------------------|----|--------------------|--|
| Company                 |    | Address            |  |
| Supervisor Name & Title |    | Phone              | May we contact for a reference: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Job Title               |    | Starting Salary    | Ending Salary  |
| Responsibilities        |    |                    |  |
| From                    | To | Reason for Leaving |  |
| Company                 |    | Address            |  |
| Supervisor Name & Title |    | Phone              | May we contact for a reference: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Job Title               |    | Starting Salary    | Ending Salary  |
| Responsibilities        |    |                    |  |
| From                    | To | Reason for Leaving |  |

| MILITARY SERVICE  |                                   |                   |
|-------------------|-----------------------------------|-------------------|
| Branch            | From To                           | Rank at Discharge |
| Type of Discharge | If other than honorable, explain: |                   |

| DISCLAIMER AND SIGNATURE   |                          |            |             |
|--|--------------------------|------------|-------------|
| 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  | Name Printed             | Date       |             |
| *INTERNAL USE ONLY*  |                          |            |             |
| Job Title:   | Hourly/Salary:           | Pay Rate:  | Start Date: |
| Supervisor:  | Interviewed By:<br>Date: | Signature: |             |

NAME:  
AGE:

# EKOS MANUFACTURING - NEW HIRE QUESTIONNAIRE FORM

PLEASE CIRCLE "YES / NO" IF YOU'VE WORKED IN THE DEPARTMENT - LIST MONTHS/YEARS WORKING IN DEPARTMENT

## MATERIAL HANDLING & MISC. DEPARTMENT

### (1.A) MATERIAL HANDLING

|                            |     |    |    |    |
|----------------------------|-----|----|----|----|
| INCOMING MAT - RECEIVING   | YES | NO | MO | YR |
| MATERIAL HANDLING          | YES | NO | MO | YR |
| GLASS HANDLING             | YES | NO | MO | YR |
| LOADING / SHIPPING         | YES | NO | MO | YR |
| MISC. FORKLIFT USE         | YES | NO | MO | YR |
| MISC. ELECTRIC PALLET JACK | YES | NO | MO | YR |

### (1.B) MISC JOB TASKS

|                 |     |    |    |    |
|-----------------|-----|----|----|----|
| STARTER TRACK   | YES | NO | MO | YR |
| HEAD RECEPTOR   | YES | NO | MO | YR |
| TRIM            | YES | NO | MO | YR |
| PRESSURE PLATES | YES | NO | MO | YR |
| DOORS           | YES | NO | MO | YR |
| BUILDING PREP   | YES | NO | MO | YR |

## FABRICATION DEPARTMENT

### (2.A) SAWS:

|                           |     |    |    |    |
|---------------------------|-----|----|----|----|
| RADIAL ARM SAW            | YES | NO | MO | YR |
| PNEUMATIC SAW STRAIGHT    | YES | NO | MO | YR |
| PNEUMATIC SAW - MITER SAW | YES | NO | MO | YR |
| PNEUMATIC SAW - DBL SAW   | YES | NO | MO | YR |
| <b>MISC. SAWS</b>         |     |    |    |    |
| AKS-134 (NOTCHER)         | YES | NO | MO | YR |
| CHOP SAW                  | YES | NO | MO | YR |
| TABLE SAW                 | YES | NO | MO | YR |
| VERTICAL BAND SAW         | YES | NO | MO | YR |
| HORIZ. BAND SAW           | YES | NO | MO | YR |
| MANUAL BAND SAW           | YES | NO | MO | YR |

### (2.B) CNC MACHINE AND OTHER MISC. FAB

|                        |     |    |    |    |
|------------------------|-----|----|----|----|
| CNC: RHINOFAB OPERATOR | YES | NO | MO | YR |
| CNC: RHINOFAB PROGRAM  | YES | NO | MO | YR |
| CNC: SBZ-151 -OPERATOR | YES | NO | MO | YR |
| CNC: SBZ-151 -PROGRAM  | YES | NO | MO | YR |
| MANUAL CNC:BRIDGEPORT  | YES | NO | MO | YR |
| EP-124 (CRIMPER)       | YES | NO | MO | YR |
| AF-223 (END MILL)      | YES | NO | MO | YR |
| AS-170 (ROUTER)        | YES | NO | MO | YR |
| ROUTER                 | YES | NO | MO | YR |
| PUNCHES                | YES | NO | MO | YR |
| DRILL PRESS            | YES | NO | MO | YR |

## MANUFACTURING DEPARTMENTS

### (3.A) BUILDING DEPARTMENT

|                 |     |    |    |    |
|-----------------|-----|----|----|----|
| BUILD CREW      | YES | NO | MO | YR |
| BACKPAN CREW    | YES | NO | MO | YR |
| FILLER CREW     | YES | NO | MO | YR |
| GASKETING FRAME | YES | NO | MO | YR |

### (3.B) GLAZING DEPARTMENT

|                 |     |    |    |    |
|-----------------|-----|----|----|----|
| UNLOADING GLASS | YES | NO | MO | YR |
| CLEANING GLASS  | YES | NO | MO | YR |
| SETTING GLASS   | YES | NO | MO | YR |
| PUMP OPERATOR   | YES | NO | MO | YR |
| TOOLING         | YES | NO | MO | YR |
| STRUCTURAL SEAL | YES | NO | MO | YR |
| WEATHER SEAL    | YES | NO | MO | YR |
| WELDING         | YES | NO | MO | YR |
| MECHANIC        | YES | NO | MO | YR |

### (3.C) BUCKING DEPARTMENT

|                          |     |    |    |    |
|--------------------------|-----|----|----|----|
| FINAL PREP (IF ANY)      | YES | NO | MO | YR |
| CRATING OR BUCKING UNITS | YES | NO | MO | YR |
| LOADING TRUCK            | YES | NO | MO | YR |

## MANUFACTURING DOCUMENTS - CAN READ AND EVALUATE THE FOLLOWING DOCUMENTS WITHOUT ASSISTANCE

|                           |     |    |  |                |     |    |  |
|---------------------------|-----|----|--|----------------|-----|----|--|
| FABRICATION DRAWINGS      | YES | NO |  | SHOP DRAWINGS  | YES | NO |  |
| BILL OF MATERIALS (B.O.M) | YES | NO |  | UNIT DRAWINGS  | YES | NO |  |
| CUTTING INSTRUCTIONS      | YES | NO |  | TAG DRAWINGS   | YES | NO |  |
| STICKER BOOKS             | YES | NO |  | PACKING LISTS  | YES | NO |  |
| INSTALL INSTRUCTIONS      | YES | NO |  | LOAD LISTS     | YES | NO |  |
| BUILD MATRIX              | YES | NO |  | BILL OF LADING | YES | NO |  |
| OTHER:                    |     |    |  | OTHER:         |     |    |  |

NAME:  
AGE:

EKOS MANUFACTURING - NEW HIRE QUESTIONNAIRE FORM

## New Hire - Questionnaire Form

List three (3) things about yourself that you excel in.

Answer 1)

Answer 2)

Answer 3)

List three (3) things about yourself that you can improve.

Answer 1)

Answer 2)

Answer 3)

Have you received any 3rd party schooling or training at your previous employer?

(If so, please list below)

Answer 1)

Answer 3)

Answer 2)

Answer 4)

Have you received any certifications while employed at a previous employer?

(Examples: CPR, Welding, Forklift)

Answer 1)

Answer 3)

Answer 2)

Answer 4)

What computer programs (if any) or computer controlled equipment have you used previously?

EXAMPLES: (Microsoft Word, Excel, Smart Sheets, MasterCam, Haas, Lathes)

DURATION OF USE

1)

MO YR

2)

MO YR

3)

MO YR

Do you have experience in any other trades in the construction industry?

EXAMPLES: (Electrician, Carpentry, Mechanic)

DURATION IN TRADE

1)

MO YR

2)

MO YR

3)

MO YR

Job History: ( Previous Employment , Position , Hourly Pay Rate , Reason for Resignation , Reference)

EXAMPLES: Johns Box Factory - Forklift Driver - \$14.75/hr - Factory Closed - John Johnson 708.555.5555

6 MO

TIME EMPLOYED

1)

MO YR

2)

MO YR

3)

MO YR

Where do you see yourself here at Ekos Manufacturing in the next 1-5 years?

(Listed Departments on front)

Answer:

PLEASE CIRCLE "YES / NO" below what your preferred employment would be on a given week.

|                                       |           |           |           |           |                           |     |    |                 |     |     |
|---------------------------------------|-----------|-----------|-----------|-----------|---------------------------|-----|----|-----------------|-----|-----|
| Preferred Working Shift Hours:        | 8-4pm     | 4-12am    | 12-8am    | ANY SHIFT | Willing to Work Weekends? | YES | NO | *IF YES*        | SAT | SUN |
| Preferred No. of Hours Worked Weekly: | 20-40 hrs | 40-60 hrs | 60-80 hrs | 80+ hrs   | Willing to Work Overtime? | YES | NO | Desired Pay: \$ |     |     |