



EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____ DATE: _____

NAME _____
 (LAST) (FIRST) (MIDDLE)
 ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP)
 PHONE (_____) ARE YOU OVER THE AGE OF 18? YES NO
 HAVE YOU EVER WORKED FOR OUR COMPANY? YES NO DATES _____

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME	CITY/STATE	GRADUATED	DIPLOMA/DEGREE
HIGH SCHOOL	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
COLLEGE	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
TRADE SCHOOL	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
PROFESSIONAL SCHOOL	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

ADDITIONAL TRAINING OR SKILLS ACQUIRED: _____

WORK HISTORY

(COMPLETE FOR THE LAST 10 YEARS, USING ADDITIONAL SHEETS IF NECESSARY)

PRESENT OR LAST
 NAME OF EMPLOYER _____ TYPE OF BUSINESS _____
 ADDRESS _____ TELEPHONE (_____) _____
 EMPLOYED FROM _____ EMPLOYED TO _____ POSITION _____
 DUTIES _____ RATE OF PAY _____
 SUPERVISOR _____ REASON FOR LEAVING _____

PREVIOUS
 NAME OF EMPLOYER _____ TYPE OF BUSINESS _____
 ADDRESS _____ TELEPHONE (_____) _____
 EMPLOYED FROM _____ EMPLOYED TO _____ POSITION _____
 DUTIES _____ RATE OF PAY _____
 SUPERVISOR _____ REASON FOR LEAVING _____

NEXT PREVIOUS
 NAME OF EMPLOYER _____ TYPE OF BUSINESS _____
 ADDRESS _____ TELEPHONE (_____) _____
 EMPLOYED FROM _____ EMPLOYED TO _____ POSITION _____
 DUTIES _____ RATE OF PAY _____
 SUPERVISOR _____ REASON FOR LEAVING _____

OTHER EMPLOYMENT INFORMATION

LIST ANY RELATIVES WHO ARE PRESENTLY WORKING OR HAVE PREVIOUSLY WORKED FOR OUR COMPANY

NAME	RELATIONSHIP	POSITION HELD
_____	_____	_____

ARE YOU ABLE TO WORK ANY SHIFT? YES NO ARE YOU ABLE TO WORK OVERTIME? YES NO
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT)
 IF YES, GIVE DATE _____ LOCATION _____
 EXPLAIN _____

HAVE YOU EVER HAD DISCIPLINE ASSESSED AS A RESULT OF VIOLATING A SAFETY RULE? YES NO IF YES, DESCRIBE THE CIRCUMSTANCES SURROUNDING THE SAFETY VIOLATION: _____

REFERENCES

(Please list three references other than relatives or supervisors listed on front page)

NAME _____ PHONE (____) _____ OCCUPATION _____
ADDRESS _____
NAME _____ PHONE (____) _____ OCCUPATION _____
ADDRESS _____
NAME _____ PHONE (____) _____ OCCUPATION _____
ADDRESS _____

DRIVERS

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
DO YOU HAVE A VALID COMMERCIAL LICENSE? YES NO
(IF REQUIRED FOR POSITION)
STATE _____ TYPE _____
DRIVER'S LICENSE NUMBER _____
NUMBER OF MOVING VIOLATIONS IN PAST 3 YEARS _____

MILITARY HISTORY

BRANCH _____
LENGTH OF SERVICE _____
FINAL RANK _____
TRAINING/DUTIES _____

PERFORMANCE OF JOB FUNCTIONS

ARE YOU ABLE TO PERFORM ALL THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATION?
 YES, WITHOUT ACCOMMODATION YES, WITH ACCOMMODATION NO N/A, JOB DESCRIPTION/FUNCTIONS NOT PROVIDED
IF YOU INDICATED YOU CAN PERFORM ALL THE FUNCTIONS WITH AN ACCOMMODATION, PLEASE EXPLAIN HOW YOU WOULD PERFORM THE TASKS AND WITH WHAT ACCOMMODATION.

APPLICANT'S CERTIFICATION

IF YOU HAVE ANY QUESTIONS, PLEASE ASK FOR ASSISTANCE BEFORE SIGNING.

IT IS THE POLICY OF THE COMPANY TO AFFORD EQUAL OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN OR MARITAL STATUS AND TO AFFORD EQUAL OPPORTUNITIES TO VETERANS AND INDIVIDUALS WITH A DISABILITY OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

I HERBY 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 DOCUMENTATION OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THE COMPANY.

I CERTIFY THAT IN THE EVENT OF EMPLOYMENT WITH THIS COMPANY, I WILL COMPLY WITH ALL RULES AND REGULATIONS AS SET FORTH IN THE POLICY MANUAL OR COMMUNICATIONS DISTRIBUTED OR POSTED TO EMPLOYEES. I UNDERSTAND THAT EMPLOYMENT IS CONDITIONAL UPON THE ACCEPTABLE OUTCOME OF THE DRUG SCREEN AND/OR EMPLOYMENT PHYSICAL, IF REQUIRED, TO WHICH I HEREBY ASSENT.

I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED CURRENT FOR SIX MONTHS. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THIS PERIOD I MUST FILL OUT AND SUBMIT A NEW APPLICATION. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

I FURTHER CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION CONTAINED ON THIS APPLICATION COULD RESULT IN TERMINATION OF MY EMPLOYMENT.

I AUTHORIZE YOU TO COMMUNICATE WITH ALL MY FORMER EMPLOYERS, SCHOOL OFFICIALS, STATE AGENCIES AND PERSONS NAMED AS REFERENCES, THROUGH EITHER ORAL OR WRITTEN VERIFICATION. I HEREBY RELEASE ALL EMPLOYERS, SCHOOLS, STATE AGENCIES AND INDIVIDUALS FROM ANY AND ALL LIABILITY FOR ANY DAMAGE WHATSOEVER RESULTING FROM GIVING SUCH INFORMATION. A COPY OF THIS RELEASE IS VALID.

SIGNATURE

DATE

Your original signature is required. If you submit your application via e-mail or fax, this page must be mailed to Modern Machinery.