

APPLICATION FOR EMPLOYMENT



AN EQUAL OPPORTUNITY EMPLOYER

FIRST NAME	MIDDLE NAME	LAST NAME
PRIMARY PHONE ()		SECONDARY PHONE ()
ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		TODAY'S DATE / /

Thank you for your interest in The Federal Metal Company. Write legibly, answer sections fully, and attach additional sheets, if necessary.

MISCELLANEOUS

- YES NO 1. ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?
- YES NO 2. ... 18 YEARS OF AGE OR OLDER?
- YES NO 3. ... ABLE TO READ AND WRITE ENGLISH?
- YES NO 4. ... ABLE TO PERFORM BASIC MATH SKILLS?
- YES NO 5. ... ABLE TO WORK IN A SMOKE-FREE ENVIRONMENT?
- YES NO 6. DO YOU HAVE FORKLIFT EXPERIENCE?
- YES NO 7. ... FURNACE OR MOLTEN METAL EXPERIENCE?
- YES NO 8. ... ISO OR QUALITY SYSTEM EXPERIENCE?
- YES NO 9. ... COMPUTER FAMILIARITY?
- YES NO 10. ... WELDING OR MAINTENANCE EXPERIENCE?

- YES NO 11. HAVE YOU EVER WORKED FOR THIS COMPANY?
- YES NO 12. ... APPLIED TO THIS COMPANY?
- YES NO 13. ... BEEN CONVICTED OF A FELONY?
- YES NO 14. ... BEEN CONVICTED OF A MISDEMEANOR?

If yes to #13 or #14, explain date, offenses, circumstances, disposition:
NOTE: A conviction will not necessarily disqualify you from employment.

15. HAVE YOU EVER BEEN SUSPENDED, DISMISSED, OR ALLOWED TO RESIGN FROM ANY EMPLOYMENT? (If so, explain.) YES NO
16. ARE YOU ACQUAINTED WITH ANY FEDERAL METAL EMPLOYEES? (If so, indicate with whom and your relationship?) YES NO
17. WHAT ARE YOUR SALARY REQUIREMENTS?
18. INDICATE YOUR SHIFT PREFERENCE: NIGHTS (3rd) DAYS (1st) AFTERNOONS (2nd)
19. LIST ANY FACTORY MACHINES YOU CAN OPERATE:
20. DESCRIBE BRIEFLY ANY ADDITIONAL RELEVANT INFORMATION OR SPECIAL QUALIFICATIONS YOU HAVE:

EDUCATION

	NAME:	CITY, STATE:	GRADUATE?	DEGREE(S):
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
POST-COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

AVAILABILITY

NOTE: We can make no promises or guarantees as to the availability of work or preferred hours.

SPECIFY <u>TIMES AVAILABLE</u> FOR WORK EACH DAY: (e.g. 8 am - 5 pm)	MONDAY:	TUESDAY:	WEDNESDAY:	THURSDAY:	FRIDAY:	SATURDAY:	SUNDAY:
TOTAL <u>NUMBER OF HOURS</u> YOU WOULD PREFER TO WORK EACH WEEK:						ARE YOU ABLE TO WORK OVERTIME: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU EMPLOYED NOW: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, where:						DATE YOU CAN START:	

EXPERIENCE

Begin with your present or most recent employment. NOTE: This section must be completed fully. The attachment of a resume is NOT sufficient. If more space is needed, attach sheets of paper.

TITLE OF YOUR PRESENT OR MOST RECENT POSITION:	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	FROM: (Month & Year)	TO: (Month & Year)
COMPANY NAME:	PHONE NUMBER: ()		
ADDRESS:	MAY WE CONTACT? (Explain if No.) <input type="checkbox"/> YES <input type="checkbox"/> NO		
CITY, STATE, ZIP:	START RATE OF PAY:	END RATE OF PAY:	
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	HOURS WORKED PER WEEK:		
REASON FOR LEAVING: (Be specific)	NUMBER OF WORK DAYS MISSED PER YEAR:		
DESCRIBE THE WORK YOU DID:			

TITLE OF POSITION YOU HELD BEFORE THE ONE ABOVE:	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	FROM: (Month & Year)	TO: (Month & Year)
COMPANY NAME:	PHONE NUMBER: ()		
ADDRESS:	MAY WE CONTACT? (Explain if No.) <input type="checkbox"/> YES <input type="checkbox"/> NO		
CITY, STATE, ZIP:	START RATE OF PAY:	END RATE OF PAY:	
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	HOURS WORKED PER WEEK:		
REASON FOR LEAVING: (Be specific)	NUMBER OF WORK DAYS MISSED PER YEAR:		
DESCRIBE THE WORK YOU DID:			

TITLE OF POSITION YOU HELD BEFORE THE ONE ABOVE:	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	FROM: (Month & Year)	TO: (Month & Year)
COMPANY NAME:	PHONE NUMBER: ()		
ADDRESS:	MAY WE CONTACT? (Explain if No.) <input type="checkbox"/> YES <input type="checkbox"/> NO		
CITY, STATE, ZIP:	START RATE OF PAY:	END RATE OF PAY:	
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	HOURS WORKED PER WEEK:		
REASON FOR LEAVING: (Be specific)	NUMBER OF WORK DAYS MISSED PER YEAR:		
DESCRIBE THE WORK YOU DID:			

IMPORTANT: PLEASE READ BEFORE SIGNING. My signature constitutes my certification that my responses in this application are true and complete and that I have read and understand this paragraph. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for The Federal Metal Company to investigate the facts submitted and for those with relevant information, including, but without limitation, physicians, hospitals, schools, law enforcement agencies and my current or prior employers, to provide such information to The Federal Metal Company, and I release them from any liability for doing so. I hereby consent to undergo such medical examination and pre-employment drug test as The Federal Metal Company may require (which may include obtaining body tissue or fluid samples and analysis of them). I also understand and agree that I may be required to take a medical examination after I have received an offer of employment and that such offer of employment may be made contingent upon my satisfactory completion of the medical examination. I further understand and agree that any falsification or omission either on this form or in my responses to questions asked during the interviewing or examinations process or on other forms I may subsequently complete, including "I-9" forms, shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered. I also understand that, if hired, my employment, unless otherwise governed by a collective bargaining agreement, is to be "at will" and that either I or my employer may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and HR Manager of The Federal Metal Company, and that I may not rely on any representations to the contrary.

PRINT FULL NAME SIGNATURE DATE

Take a moment to review your application for completeness. We cannot consider your application for employment unless it is filled out in its entirety.