

Application for Employment

***APPLICATION WILL BE KEPT ON FILE
FOR 1 YEAR***

PLEASE PRINT

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ____/____/____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

If necessary, best time to call you at home is _____

May we contact you at work? _____ YES NO

If yes, work number and best time to call _____ (_____) _____
AREA CODE TIME

If you are under 18, can you furnish a work permit? _____ YES NO

Have you filed an application here before? _____ YES NO

If yes, give date _____/_____/_____

Have you ever been employed here before? _____ YES NO

If yes, give dates _____ FROM ____/____/____ TO ____/____/____

Are you legally eligible for employment in this country? _____ YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work _____/_____/_____

Type of employment desired: Full Time Part-Time Temporary Seasonal Educational Co-Op

Are you on a lay-off and subject to recall? _____ YES NO

Will you relocate if job requires it? _____ YES NO Will you travel if job requires it? _____ YES NO

Will you work overtime if required? _____ YES NO

Have you ever been bonded? _____ YES NO

Have you been convicted of a felony in the last seven (7) years? _____ YES NO
(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: _____

Driver's license number (If required by job) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
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REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	E. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date ____ / ____ / ____

Are you subject a non-compete or confidentiality agreement or restriction with respect to a former or current employer?

Yes _____ No _____

If yes, please provide details below:



**VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL – FOR STATISTICAL USE ONLY)**

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite all applicants to voluntarily self-identify their race and ethnicity. **Submission of this information is voluntary** and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations.

PLEASE COMPLETE IN FULL

Date: _____ Name: _____

Job Applied For: _____

Gender: Male Female

RACE/ETHNIC GROUP:

Please check one of the following:

- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

If not Hispanic or Latino, please check one of the descriptions below corresponding to the race/ethnic group with which you most identify:

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or more races**
- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other characteristic protected by law.

EMPIRE DIE CASTING CO., INC.

is committed to being

“DRUG FREE AND TOBACCO FREE”

**ALL NEW HIRES MUST TEST NEGATIVE FOR DRUGS
AND TOBACCO
AND MUST PASS A BACKGROUND CHECK!**

(Test Failure will result in TERMINATION)