

## POSITION(S) APPLYING FOR

Check all of the boxes you are applying for the position of:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ABRASIVE CLEANING | <input type="checkbox"/> CADMIUM PLATING       | <input type="checkbox"/> CHEMICAL FILM      |
| <input type="checkbox"/> INSPECTION        | <input type="checkbox"/> MAGNETIC INSPECTION   | <input type="checkbox"/> MASKING            |
| <input type="checkbox"/> NICKEL PLATING    | <input type="checkbox"/> NITAL ETCH INSPECTION | <input type="checkbox"/> PAINTING           |
| <input type="checkbox"/> PASSIVATE         | <input type="checkbox"/> PENETRANT INSPECTION  | <input type="checkbox"/> SHIPPING/RECEIVING |

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

I am legally eligible for employment in the U. S.?  Yes  No

I am seeking the position of:  Full-time  Part-time

If necessary for the job, I am able to work overtime?  Yes  No

If I notified that I am hired, I will be able to report to work within \_\_\_\_\_ days.

## EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional				

## SKILLS & QUALIFICATIONS

Any professional licenses, certifications or registrations:

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Additional skills or occupation related information you wish to bring to employer's attention:

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**EMPLOYMENT HISTORY**

List the most recent employment first. Be sure to list all experience and employers related to this occupation.

Employer Name and Address:	Position Title and Duties:	Start Date:	End Date:
		Reason for Leaving:	
		Supervisor:	Telephone:
Employer Name and Address:	Position Title and Duties:	Start Date:	End Date:
		Reason for Leaving:	
		Supervisor:	Telephone:
Employer Name and Address:	Position Title and Duties:	Start Date:	End Date:
		Reason for Leaving:	
		Supervisor:	Telephone:
Employer Name and Address:	Position Title and Duties:	Start Date:	End Date:
		Reason for Leaving:	
		Supervisor:	Telephone:

**HISTORY OF UNEMPLOYMENT**

Please list any periods of more than one month since you left school or were not employed within the last ten years.

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**EMERGENCY CONTACT**

In case of accident or illness, please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

**INFORMATION TO THE APPLICANT**

As part of our procedure of reviewing your application, past employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, your employment may be terminated. You may submit a written request for information derived from the checking of your references. All employees must provide a birth certificate or other proof of authorization to work in the United States. A physical examination and/or drug test may also be required.

**By signing this document, I understand and acknowledge the information as stated above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date