

EMPLOYMENT APPLICATION

Please contact Human Resources if you need assistance during the application process due to a disability, careers@specialtymfg.com.

GENERAL INFORMATION

Name		Date	
Address		City	State Zip
Phone	Email Address	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of eligibility documentation must be provided at time of hire as required by law.</i>			

EMPLOYMENT DESIRED

Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Date available to start	Salary Expectations
Have you applied to this company within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide location, title and dates of employment)</i>	

EDUCATION

	High School	Technical College	College	Graduate School
School Name & Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate age, sex, disability, genetic information, race/color, religion, national origin, marital status, or veteran status.

MISCELLANEOUS

We are an Equal Opportunity Employer

EMPLOYMENT HISTORY

Please start with your current or most recent position.

Name of Employer:		City/State:
Position:		Ending Salary:
Dates Employed From: To:	Reason for Leaving:	
Name of Employer:		City/State:
Position:		Ending Salary:
Dates Employed From: To:	Reason for Leaving:	
Name of Employer:		City/State:
Position:		Ending Salary:
Dates Employed From: To:	Reason for Leaving:	

REFERENCES

Please provide the names of three business references that are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	City/State	Years Known & In What Capacity

SIGNATURE

I understand that if I am hired, false statements or omissions of material fact in this application or at any time in the application, interview or hiring process may lead to consequences up to and including termination of employment in the sole discretion of the company. I hereby authorize all past employers, schools and individuals named in this application, and in any documents I have attached to this application, to provide all requested information regarding my employment and qualifications, and hereby release the past employers, schools and individuals from any and all liability for information provided. I understand that if I am hired, I will be employed "at will." This means that I may terminate my employment at any time for any reason or no reason, with or without cause. This also means that the company may terminate my employment at any time for any reason or no reason, with or without cause. Neither this application nor any written job offer letter constitutes a contract of employment.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Signature of Applicant

Date

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