



# APPLICATION FOR EMPLOYMENT

Master Metal Engineering is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purposes of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons regardless of race, color, religion, sex, national origin, age, veteran status or disability.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Contact Number(s): \_\_\_\_\_  
 Home  Message  Cell  Home  Message  Cell

Are you 18 years or older?  Yes  No

Are you legally eligible to work within the United States?  Yes  No

Have you previously applied for employment with Master Metal Engineering?  Yes  No

If yes, when: \_\_\_\_\_

How were you referred to Master Metal Engineering?  Newspaper  Employee  Temp Service  Other

If referred by an employee or temp service, please list name: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Are you employed now?  Yes  No If so may we inquire of your present employer?  Yes  No

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TECHNICAL SCHOOL				

Any additional training?  Yes  No If yes, please describe: \_\_\_\_\_

Specialized skills: \_\_\_\_\_

U.S. Military Service?  Yes  No If yes, highest rank achieved: \_\_\_\_\_

(Please continue on other side)

**PREVIOUS EMPLOYERS** (List last four employers, starting with last one first)

Date Month and Year	Name and Address of Employer	Salary/ Wage	Position Held	Reason for Leaving
From To				
From To				
From To				
From To				

Which of these jobs did you enjoy the most and why? \_\_\_\_\_

Which of these jobs did you like the least and why? \_\_\_\_\_

We currently have three shifts – which shift(s) are you available to work? (hours listed may vary due to production needs)

Day Shift (Monday – Thursday, 6:00am – 4:30pm)

Yes

No

Night Shift (Monday – Wed., 4:30pm – 5:00am; Thurs 4:30pm – 8:30pm)

Yes

No

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**REFERENCES** (Give the names of three persons not related to you, whom you have known at least one year)

Name	Address and Phone Number	Business	Years Acquainted
1.			
2.			
3.			

In the last ten (10) years have you been convicted of a felony or other crime?

Yes

No

If yes, please give details: \_\_\_\_\_

I hereby authorize Master Metal Engineering to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Master Metal Engineering and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. Master Metal requires a drug screening test at time of hire. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_