



MACHINE & TOOL

320 West 7th • P.O. Box 248

Janesville, Iowa 50647 USA

319-987-2003 • Fax: 319-987-2253

Today's Date: _____

APPLICATION FOR EMPLOYMENT

Return to: PO Box 248 Janesville, IA 50647

PERSONAL INFORMATION

NAME:

LAST FIRST MI Social Security Number

PRESENT ADDRESS:

STREET CITY STATE ZIP

PHONE NUMBER: _____

Are you legally eligible for employment in the United States?: YES NO

Are you 18 years of Age or Older?: YES NO

Do you have a valid Driver's License?: (driving-related positions) YES NO

Have you been convicted of a criminal offense in the last 7 yrs?: YES NO
if so, explain: _____

Have you worked for us before?: YES NO
if so, when?: _____

Have you ever applied here before?: YES NO
if so, when?: _____

Are you employed now?: YES NO
If so, may we inquire of your present employer?: _____

Military Experience: YES NO
If so, any job related training?: _____

How did you hear about our Company?: _____

EDUCATION

High School?: _____ Graduated?: YES NO

GED?: YES NO

Technical School/College?: _____ Years Completed: _____ Degree: _____

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Certificates & Licenses:

Type: _____ Date: _____

Type: _____ Date: _____

Type: _____ Date: _____

OFFICE USE ONLY

INTERVIEWED BY: _____ HIRED?: YES NO

INTERVIEW DATE: _____ FULL TIME PART TIME

WAGE: _____ START DATE: _____ DEPT: _____

POSITION AND AVAILABILITY

Position Applied for: _____

PREVIOUS WORK EXPERIENCE: Machinist Welding Maintenance Fork Truck

If yes, When?: _____

When can you start working?: _____ Are you willing to work overtime if asked?: _____

Are you willing to work different shifts? First Second Either

Wage desired: _____ Hours desired: Full Time Part Time

WORK HISTORY

Company Name: _____ Company Address: _____ City _____ State _____ ZIP _____

Position: _____ Wage: _____ Duties Performed: _____

Employment Dates: _____ Reason For Leaving: _____

Company Name: _____ Company Address: _____ City _____ State _____ ZIP _____

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Company Name: _____ Company Address: _____ City _____ State _____ ZIP _____

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REFERENCES

Name: _____ Address: _____ City _____ State _____ ZIP _____

Phone Number: _____ Years Acquainted: _____ Work-Related Personal

Name: _____ Address: _____ City _____ State _____ ZIP _____

Phone Number: _____ Years Acquainted: _____ Work-Related Personal

Name: _____ Address: _____ City _____ State _____ ZIP _____

Phone Number: _____ Years Acquainted: _____ Work-Related Personal

Can you perform the essential functions/duties of the job you are applying for with or without reasonable accommodations? (relates to American Disabilities Act) Yes No

If no, please identify which essential functions you are unable to perform: _____

I hereby certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize North East Machine & Tool Co. to verify information on this application and investigate all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I agree that, if employed, I will fully adhere to the policies, rules, and regulations of employment of North East Machine & Tool Co. I understand that statements made during the interview process shall not be deemed to constitute the terms of implied or expressed employment contract. I understand that any employment offered is for an indefinite duration and that either I or North East Machine & Tool Co. may terminate my employment at any time without notice or cause.

I am aware that North East Machine & Tool requires a pre-employment drug screen and by signing this application, I do agree to submit to required testing.

_____ Date

_____ Signature