

MECHANICAL DEVICES

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available				Desired Salary	
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Distance you are willing to travel?		
Will you consent to a drug and background check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to work Overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Shifts you are able to work?	1 st M-F <input type="checkbox"/>	2 nd M-F <input type="checkbox"/>	3 rd M-F <input type="checkbox"/>		
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	N O	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	N O	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	N O	Degree
REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date