

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION				
NAME				DATE:
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NUMBER			EMAIL	
ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	MARITAL STATUS M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>		ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EMPLOYMENT DESIRED				
POSITION		DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?	WHEN?	
REFERRED BY				
EDUCATION				
	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
GENERAL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK				
SPECIAL SKILLS				
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)				
<small>EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.</small>				
U.S. MILITARY OR NAVAL SERVICE		RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	

PREVIOUS EMPLOYMENT (LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITON	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NO.

TO BE CONSIDERED FOR EMPLOYMENT WITH UNITED MECHANICAL PLEASE READ THE FOLLOWING STATEMENT. IF YOU AGREE, PLEASE SIGN AND DATE WHERE INDICATED.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY

I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN AN OFFICER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY AN OFFICER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT WITH UNITED MECHANICAL FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE _____
 PRINT NAME _____
 DATE _____