

AMG Plastics and Machining

Application For Employment

(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Employment Agency Other

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Phone No. (_____) _____ Social Security No. _____
AREA CODE

Have you filed an application here before? Yes No Date: _____

Have you ever been employed here before? Yes No Date: _____

Are you a citizen of the United States? Yes No

If, not, do you possess an Alien Registration Card? Yes No

Are you available to work? Yes No

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you any friends or relatives, other that your spouse, work here? Yes No

If yes, list name(s) _____

Have you been convicted of a felony within the last 7 years? Yes No

If yes, explain _____

Are you a veteran of the U.S. military service? Yes No

If yes, what was your Branch of U.S. military service? Yes No

Do you have any physical, mental or medical impairment or disability that would limit you job performance for the position for which you are applying? Yes No

If yes, please explain _____

SCHOOLING	YEARS COMPLETED	DEGREE RECD. OR MAJOR SUB.	NAME OF SCHOOL	LOCATION	DATE OF GRADUATION
GRAMMAR OR HIGH SCHOOL					
TRADE, BUR, OR CORRESPONDENCE					
COLLEGE					

WHOM TO CALL IN CASE OF EMERGENCY	NAME	ADDRESS	PHONE
REFERENCES- NO RELATIVES OR FORMER EMPLOYERS	NAME	ADDRESS	EMPLOYED BY
	NAME	ADDRESS	EMPLOYED BY

EMPLOYMENT RECORD (START WITH MOST RECENT OR PRESENT EMPLOYER)

NAME AND ADDRESS OF EMPLOYER (MOST RECENT)

IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	SAL OR HRLY. RATE
JOB TITLE AND DESCRIPTION OF DUTIES	DATE LEFT	SAL OR HRLY. RATE

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	SAL OR HRLY. RATE
JOB TITLE AND DESCRIPTION OF DUTIES	DATE LEFT	SAL OR HRLY. RATE

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	SAL OR HRLY. RATE
JOB TITLE AND DESCRIPTION OF DUTIES	DATE LEFT	SAL OR HRLY. RATE

REASON FOR LEAVING

Describe your skills and experiences _____

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in me application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant

Date